

AC. 44-35

[Handwritten signature]

BRITISH MEDICAL
- 1 APR 1958
ASSOCIATION LIBRARY

BOROUGH



OF POOLE

ANNUAL REPORT

of the
17 MAY 1961
10 700W

Medical Officer of Health

*On the Health and Sanitary Circumstances of the
Borough and Port of Poole*

FOR THE YEAR
1956

JAMES HUTTON, M.D., D.P.H.

Medical Officer of Health of the Borough and Port of Poole



BOROUGH



OF POOLE

ANNUAL REPORT

of the

Medical Officer of Health

FOR THE YEAR

1956

JAMES HUTTON, M.D., D.P.H.

Medical Officer of Health

Public Health Department
Municipal Buildings
Poole

CONTENTS

PART I

	<i>Pages</i>
<i>Section A</i> Statistics and Social Conditions of the Area	
Vital Statistics, Social Conditions, Meteorological Report 	9—18
<i>Section B</i> General Provision of Health Services	
Laboratory Facilities, Ambulance Services, Home Nursing, Clinics and Treatment Centres 	19—21
<i>Section C</i> Sanitary Circumstances of the Area	
Water Supply, Drainage and Sewerage, Public Clean- ing, Rivers and Streams, Sanitary Inspection, Camping Sites, Smoke Abatement, Swimming Baths and Pools, Sea Bathing, Disinfestation, Diseases of Animals, Factories 	22—50
<i>Section D</i> Housing	51—54
<i>Section E</i> Inspection and Supervision of Food	
Inspection of Food Premises, Milk, Ice Cream, Meat, Chemical and Bacteriological Examination, Food and Drugs Adulteration, Food Poisoning, Samples taken	55—69
<i>Section F</i> Infectious Diseases	
Prevalence and Control 	70—76

PART II

Health and Sanitary Circumstances of Poole Seaport

PART III

School Health Services in the Borough

Liaison with Hospital and General Practitioner Services, Medical and Dental Inspection, Part-time employment of School Children, Class-by-Class Inspection, Minor Ailment Clinics, Remedial Exercises, Special Clinics, Child Guidance, Ophthalmic Clinics, Speech Therapy, Handicapped Pupils, Juvenile Delinquency, Infectious Diseases, Diphtheria Immunisation, Provision of Meals and Milk.

Report: Speech Defect Survey.

APPENDIX

Personal Health Services in the Borough

Care of Mothers and Young Children, Dental Treatment, Midwifery, Antenatal and Postnatal Clinics, Maternal and Infant Mortality, Contraception, Immunisation and Vaccination, Health Visiting, Domestic Help Service, Ambulance Services.

PREFACE

Public Health Department,
Municipal Buildings,
Poole.

*To the Worshipful the Mayor, and Aldermen and Councillors of the
Borough and County of the Town of Poole.*

I have the honour to submit for your consideration my Annual Report on the health and sanitary conditions of the Borough and Port of Poole for the year 1956, prepared in accordance with the regulations of the Ministry of Health. The form of presentation suggested in Circular 1728 of 25th October, 1938 has been followed.

The year under review was very good from the health viewpoint, there being no major outbreaks of infectious disease. A most welcome advance in the prevention of infectious disease was seen in the introduction of Poliomyelitis inoculation.

Infant mortality continues at a level which today cannot be accepted as satisfactory but careful attention is being given to the problem by all concerned.

The construction of the new sewage disposal works continued throughout the year and has since been completed. Further stages in the scheme to eliminate pollution from the bay are following.

The passing of the Clean Air Act 1956 was a landmark in post-war public health legislation. Although part of the Act comes into operation in 1957, the operational date for some of the most important sections has not yet been fixed.

Slum clearance continued throughout the year and steady progress is being maintained in the survey of new areas.

The Food Hygiene Regulations came into full operation on 1st July, 1956. Implementation must of necessity be gradual but improvement in this sphere will now take place.

In presenting this report I wish to express my thanks to the Chairman and Members of the Public Health Committee for their

kindness and consideration at all times, my fellow officers in other departments, and the staff of my department for their help and co-operation during the year. In particular I would record my thanks to the Chief Public Health Inspector, Mr. R. Leggat, and to Mr. B. J. Fentiman, Chief Clerk to the Department, for their most able assistance in compiling this report.

JAMES HUTTON,

Medical Officer of Health.

COMMITTEES AND STAFF, 1956

PUBLIC HEALTH AND PORT HEALTH COMMITTEE

Chairman: Alderman D. A. HAYNES, J.P.

Vice-Chairman: Councillor F. V. CRAWSHAW

Aldermen:

S. D. BALLAM

G. BRAVERY
A. B. HAYNES, J.P.

J. BRIGHT, J.P.

Councillors:

R. BILLET
Mrs. J. D. COLES
R. C. HART
Mrs. E. M. HICKINSON, J.P.

L. J. MATCHAN
S. J. POLLARD
S. J. STOUT
Mrs. A. WILLIS

PUBLIC HEALTH DEPARTMENT

Medical Officer of Health
Port Medical Officer } JAMES HUTTON, M.D., D.P.H.

Deputy Medical Officer
of Health and Deputy
Port Medical Officer } D. S. PARKEN, M.B., B.S., M.R.C.S., L.R.C.P.,
D.P.H., D.C.H.

Chief Public Health Inspector: ROBERT LEGGAT, F.S.I.A., Cert. as Public Health Inspector and Meat and Food Inspector.

Public Health Inspectors: C. A. TRIM, Cert. as Public Health Insp. and Meat & Food Insp.
C. GLOVER, Cert. as Public Health Insp. and Meat & Food Insp.
R. R. TUCKER, Cert. and Public Health Insp. and Meat & Food Insp.
F. W. K. FRANCIS, Cert. as Public Health Insp. and Meat and Food Insp.
R. M. IMPETT, Cert. as Public Health Insp. and Meat & Food Insp.
T. K. ASTON, Cert. as Public Health Insp. and Meat & Food Insp.
E. H. WAKEFIELD, Cert. as Public Health Insp. and Meat & Food Insp.


Chief Clerk: B. J. FENTIMAN (Appointed 1.5.56)

Clerks:

Mrs. M. FOWLER Miss S. MACKAY Mrs. B. BURCHETT
D. BROMBY (resigned 22.10.56) D. HERBERT

Public Analyst: A. S. CARLOS, B.Sc., F.R.I.C., F.C.S.

Veterinary Surgeon: Lt.-Col. J. S. KINGSTON, M.B.E., M.R.C.V.S.



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b29992928>

PART I

SECTION A

GENERAL STATISTICS

- (1) Area of Borough. 15,641 acres, not including 2,220 acres of tidal waters and foreshore.
- (2) Population:
- | | | | | | | | |
|--|-----|-----|-----|-----|-----|-----|--------|
| (a) As estimated by Registrar General at 30th June, 1956 | ... | ... | ... | ... | ... | ... | 86,010 |
| (b) Census, 1951: Registrar General's Preliminary Report | ... | ... | ... | ... | ... | ... | 82,958 |
- (3) Total number of Inhabited Houses (from Rate Book) as at December, 1956
- | | | | | | | |
|-----|-----|-----|-----|-----|-----|--------|
| ... | ... | ... | ... | ... | ... | 26,674 |
|-----|-----|-----|-----|-----|-----|--------|
- (4) Rateable Value at 31st March, 1956
- | | | |
|---------------------------------|-----|----------|
| ... | ... | £754,523 |
| Sum represented by a Penny Rate | ... | £2,787 |

SOCIAL CONDITIONS AND UNEMPLOYMENT

No coastal resort has been endowed with a lovelier setting than that of Poole, and its development in recent years has been planned with great consideration for the preservation of its natural beauty. The modern Borough, some 25 square miles in extent, has been developed from the historic seaport situated within its extensive land-locked Harbour, and is now the largest town in Dorset and the second largest in the south-western counties of England.

Owing to its situation, the whole borough is a natural sun-trap. The climate is almost a perpetual spring, the heat in summer being tempered by the extensive area of tidal waters and the cold in winter time being warded off by the surrounding hills.

Although the borough is essentially a residential district, it maintains within and on its boundaries a considerable number of light industries and traditional undertakings. In the latter category are shipbuilding and marine engineering; china clay mining; manufacture of tiles, pottery and china; stoneware; pre-cast concrete products and paving; art metalwork; agricultural products; brushes and brooms; garden ornaments; timberwork; ships' joinery; mineral waters. Other industries include pure chemicals; cosmetics; printing; compressors and pumps; aircraft tooling; foundry products; engineering; industrial models; coachbuilding; electrical works; thermal insulation; scaffolding; church, bank and school fittings; confectionery and food processing.

Section A

For recent years the condition of the labour market has been as shown below:

Year	Average of Unemployment	Unemployment as at December
1945	69	299
1946	246	342
1947	360	430
1948	498	685
1949	495	540
1950	437	493
1951	356	396
1952	507	723
1953	574	707
1954	415	372
1955	245	313
1956	387	598

METEOROLOGICAL REPORT FOR 1956

I am indebted to the Borough Meteorological Observer, Mr. L. Smith, for the following meteorological data:

Sunshine

The total hours of sunshine in 1956 fell short of those of 1955 by 125.4 hours, the total for the year being 1,812.1 hours. The sunniest month of the year was May with a total of 278.9 hours, a daily average of 8.9 hours. This is a decrease of 19.6 hours on last year's sunniest month. The daily average for the year was 4.9 hours, the longest period of sunshine in a single day being 14.5 hours on the 25th July.

Rainfall

The total rainfall for the year was 31.40 inches, this being .25 inches above the yearly average for Poole and 1.45 inches above last year's total. December was the wettest month with a total of 5.66 inches, an increase of .49 inches on last year's wettest month. The driest month was February with a total of only .14 inches.

Wind

During the year 6 moderate gales were recorded—Beaufort Scale No. 7, equivalent to a speed of approximately 30 knots.

Taken to eight compass points, the number of days for each direction were:

Direction	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.
No. of days	24	63	34	36	25	82	37	23

There were 42 calms, or days without wind.

Temperature

The average maximum was 58.4°F. and the average minimum 45.3°F., thus giving a summer and winter range of 13.1°F. July came as the warmest month with an average maximum temperature of 69.0°F. as against 76.3°F. in August, 1955. February was the coldest month with an average temperature of 24.7°F.

The highest maximum temperature recorded during the whole year was 80°F. on the 24th July and the lowest minimum temperature was 13°F. on the night of the 2nd/3rd February.

		Average Max. Temp.	Average Min. Temp.	Rainfall	Sunshine
January ...	...	47.7	32.7	4.78	70.7
February	...	39.3	24.7	.14	103.0
March ...	...	53.8	37.5	.99	164.7
April ...	...	55.6	36.8	2.18	197.7
May ...	...	65.9	42.9	.46	278.9
June ...	...	66.6	49.1	2.04	204.5
July ...	...	69.0	54.0	4.35	216.5
August ...	...	66.9	50.1	3.33	213.2
September	...	65.2	52.1	4.94	116.0
October ...	...	59.6	41.0	1.59	141.0
November	...	50.1	39.0	.94	85.0
December	...	49.0	38.1	5.66	20.9

SUMMARY OF VITAL STATISTICS FOR THE YEAR 1956

As supplied by the Registrar General

				Total	Male	Female
Live Births						
Total registered	...	...	...	1171	613	558
Legitimate ...	...	...	...	1111	586	525
Illegitimate...	...	...	...	60	27	33
Stillbirths						
Total registered	...	...	...	22	13	9
Legitimate ...	...	...	...	20	13	7
Illegitimate	...	...	...	2	—	2
Deaths						
Total registered	...	...	...	1068	540	528
Maternal Mortality						
Deaths from pregnancy, childbirth, abortion, etc....	...	...	...	1	—	1
Deaths from Special Causes						
Cancer	...	...	...	205	108	97
Whooping Cough	...	...	...	—	—	—
Measles	...	...	...	—	—	—
Diphtheria	...	...	...	—	—	—
Infant Mortality						
Deaths of infants under 1 year of age :						
Total registered	...	...	...	36	21	15
Legitimate	...	...	...	34	20	14
Illegitimate	...	...	...	2	1	1

	Comparative Statistics (Where available)	
	Poole	England & Wales
Birth Rate per 1,000 population, mid-1956	13.5	15.7
Stillbirth Rate per 1,000 population ...	0.025	
Death Rate per 1,000 population ...	12.4	11.7
Maternal Mortality Rate per 1,000 total (live and still) births		
All causes	0.84	0.56
All causes, excluding abortion ...	—	0.46
Abortion	0.84	0.10
Death Rate of Infants under 1 year of age		
All infants per 1,000 live births ...	30.8	23.8
Legitimate infants per 1,000 legitimate live births	30.6	
Illegitimate infants per 1,000 illegitimate live births	33.3	
Death Rates per 1,000 population		
Tuberculosis—pulmonary ...	0.093	0.109
non-pulmonary ...	0.023	0.012
Cancer	2.382	2.075
Diphtheria	—	—
Measles	—	—

CAUSES OF DEATH DURING THE YEAR 1956

(Supplied by the Registrar General)

Causes of Death					M.	F.	Total
1.	Tuberculosis, respiratory	...	...	...	6	2	8
2.	Tuberculosis, other	...	...	...	1	1	2
3.	Syphilitic Disease	...	...	...	1	—	1
4.	Diphtheria	...	...	...	—	—	—
5.	Whooping Cough	...	...	...	—	—	—
6.	Meningococcal Infections	...	...	...	—	—	—
7.	Acute Poliomyelitis	...	...	...	—	—	—
8.	Measles	...	...	...	—	—	—
9.	Other Infective and Parasitic Diseases	...	...	...	—	1	1
10.	Malignant Neoplasm, Stomach	...	...	...	13	16	29
11.	Malignant Neoplasm, Lung, Bronchus	...	...	...	34	4	38
12.	Malignant Neoplasm, Breast	...	...	...	—	16	16
13.	Malignant Neoplasm, Uterus	...	...	...	—	6	6
14.	Other Malignant and Lymphatic Neoplasms	...	...	...	61	55	116
15.	Leukaemia, Aleukaemia	...	...	...	1	4	5
16.	Diabetes	...	...	...	2	6	8
17.	Vascular Lesions of Nervous System	...	...	...	65	101	166
18.	Coronary Disease, Angina	...	...	...	121	63	184
19.	Hypertension with Heart Disease	...	...	...	6	12	18
20.	Other Heart Disease	...	...	...	68	96	164
21.	Other Circulatory Disease	...	...	...	29	27	56
22.	Influenza	...	...	...	2	3	5
23.	Pneumonia	...	...	...	29	27	56
24.	Bronchitis	...	...	...	15	8	23
25.	Other Disease of Respiratory System	...	...	...	12	6	18
26.	Ulcer of Stomach and Duodenum	...	...	...	7	4	11
27.	Gastritis, Enteritis and Diarrhoea	...	...	...	1	4	5
28.	Nephritis and Nephrosis	...	...	...	2	4	6
29.	Hyperplasia of Prostate	...	...	...	10	—	10
30.	Pregnancy, Childbirth, Abortion	...	...	...	—	1	1
31.	Congenital Malformations	...	...	...	3	2	5
32.	Other Defined and Ill-defined Diseases	...	...	...	30	42	72
33.	Motor Vehicle Accidents	...	...	...	6	3	9
34.	All Other Accidents	...	...	...	8	10	18
35.	Suicide	...	...	...	6	2	8
36.	Homicide and Operations of War	...	...	...	1	2	3
TOTAL					540	528	1068

VITAL STATISTICS — POOLE — 1901 to 1956

Year	Population	Infantile Mortality*	Birth Rate†	Death Rate†	Marriage Rate†	Cancer Death Rate†	Pulmonary Tuberc. Death Rate†
1901	19461	93	27.4	13.9			
1902	20095	110	26.4	13.9			
1903	20500	135	27.0	16.1			
1904	21142	109	27.1	17.0			
1905	21804	113	26.7	15.7			
1906	|| 32086	118	30.0	15.1	15.9	—	—
1907	32518	76	27.5	13.1	16.8	—	—
1908	33217	87	26.6	13.8	16.8	—	—
1909	33524	89	27.8	13.9	15.0	—	—
1910	34168	82	26.0	12.7	15.4	—	—
1911	† 38886	126	24.0	14.0	14.1	—	—
1912	40386	88	22.7	10.9	14.6	—	—
1913	41066	82	22.1	11.0	14.2	—	—
1914	41880	77	21.0	11.3	13.6	—	—
1915	42800	93	18.7	13.2	18.6	—	—
1916	42331	76	19.8	13.7	15.6	—	—
1917	42335	91	16.2	13.0	14.5	—	—
1918	43829	84	15.5	14.8	16.3	—	—
1919	41100	62	18.7	12.8	21.0	—	—
1920	43400	75	23.6	10.8	22.0	1.2	0.9
1921	† 43649	73.6	21.8	11.9	16.7	1.2	0.96
1922	43250	79.7	19.5	14.1	16.3	1.4	1.32
1923	43860	60	19.3	11.9	17.6	1.62	1.01
1924	45150	66.3	18.0	11.6	17.3	1.13	0.91
1925	46150	71.7	18.1	11.7	16.7	1.60	0.74
1926	49150	53.4	17.5	11.25	16.3	1.62	0.91
1927	51030	58.1	17.5	12.3	16.0	1.45	0.71
1928	52940	50.2	17.3	11.92	15.1	1.42	0.66
1929	53870	46.3	16.8	13.16	16.8	1.50	0.55
1930	56150	57.6	16.7	12.39	15.4	1.87	0.84
1931	† 57211	43.2	15.85	12.49	16.5	1.81	0.85
1932	58230	55.2	15.8	11.70	15.1	1.58	0.65
1933	L 63510	46.4	16.0	11.71	16.1	1.50	0.61
1934	64380	40.5	15.4	11.48	16.2	1.96	0.50
1935	65600	45.5	15.1	11.7	16.8	1.84	0.79
1936	66820	51.2	16.8	12.1	16.9	1.89	0.55
1937	67990	45.6	15.4	12.1	16.9	1.63	0.39
1938	68860	50.0	14.9	11.49	16.9	1.77	0.46
1939	69890	40.2	14.6	11.41	22.9	1.73	0.51
1940	72820	51.8	14.0	13.1	20.1	2.02	0.51
1941	69960	53.5	15.0	13.5	19.0	2.0	0.51
1942	69940	47.0	17.6	13.5	18.7	1.8	0.56
1943	68200	37.0	17.0	14.1	15.8	2.1	0.44
1944	67810	36.9	19.9	13.06	14.8	1.97	0.54
1945	69880	53.6	18.1	12.9	21.1	2.23	0.43
1946	76330	36.1	19.6	12.26	18.41	1.52	0.59
1947	78720	22.2	21.2	12.4	19.2	1.96	0.46
1948	80480	30.17	16.4	11.12	19.1	1.69	0.41
1949	81130	18.85	15.69	12.38	17.1	1.96	0.29
1950	82140	21.93	14.98	12.64	16.89	2.17	0.32
1951	† 82958	31.57	14.87	13.53	16.84	1.83	0.19
1952	83270	31.39	14.18	12.54	15.04	2.26	0.28
1953	83520	24.84	13.90	12.73	15.42	2.33	0.18
1954	84540	31.61	13.5	12.24	16.21	2.27	0.22
1955	85540	25.6	13.2	12.9	15.7	2.314	0.116
1956	86010	30.8	13.5	12.4	17.4	2.382	0.093

* per 1,000 related live births.

† per 1,000 of population.

‡ Census.

|| Borough enlarged by the addition of Branksome Urban District.

L Borough enlarged by the addition of Canford Magna Parish.

POOLE VITAL STATISTICS

	1938	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
Estimated Total Population—mid-year, in 1000's	68.86	76.33	78.72	80.48	81.13	82.14	83.00	83.27	83.52	84.54	85.54	86.01
Marriage Rate *per 1,000 population	16.9	18.41	19.2	19.1	17.1	16.89	16.84	15.04	15.42	16.21	15.7	17.4
E. & W. (England and Wales)		18.0	18.6	18.2	17.1	16.4	16.5	15.9	15.6	15.4	16.1	15.8
Birth Rate—Live births per 1,000 population	14.9	19.6	21.2	16.4	15.69	14.98	14.87	14.18	13.9	13.5	13.2	13.5
E. & W.	15.1	19.2	20.5	17.8	16.7	15.9	15.5	15.3	15.5	15.2	15.0	15.7
Premature Birth Rate—percentage of Live Births					7.2	6.9	8.4	6.7	7.1	6.9	6.97	6.6
E. & W.						6.0	6.0	6.2	6.6	6.9		6.9
Still Birth Rate—per 1,000 Total (Live and Still) births	37	27	18	21	17	21	14	21	17	26.5	23.3	18.4
E. & W.	38	27	24	23	23	23	23	23	22.5	24.0	23.1	23.0
Death Rate	11.49	12.3	12.4	11.12	12.4	12.6	13.5	12.5	12.7	12.2	12.9	12.4
E. & W.	11.6	11.5	12.0	10.8	11.7	11.6	12.5	11.3	11.4	11.3	11.7	11.7
Natural Increase (births minus deaths per 1,000 population)									0.75	1.23	0.36	1.2
E. & W.												
Infant Mortality—Deaths under 1 year per 1,000 live births	50	36	22	30	19	22	32	31	25	31.6	25.6	30.8
E. & W.	53	43	41	34	32	30	30	28	27	25.5	24.9	23.8
Neo-Natal Mortality—Deaths under 1 month per 1,000 live births		25	23	20	17	17	24	23	18	28.1	17.7	25.6
E. & W.					19	19	19	18	17.7	17.8	17.3	16.9
Deaths under 1 week per 1,000 Total (Live & Still) Births	23	19	17	16	16	16	16	17	16	16	14.7	21.8
E. & W.	20							15	14	14	14	
Deaths from Puerperal Causes per 1,000 Total (Live & Still) Births	3.8	0.02	0	0.74	0.77	0.79	1.59	0	0	0	0	0.84
E. & W.	3.24	1.43	1.17	1.02	0.97	0.87	0.82	0.72	0.75	0.70	0.64	0.56
Perinatal Mortality (Sum of Still Birth rate and Death under 1 week rate.)	60	46	41	39	39	39	39	38	33	42.5	38	40.2
E. & W.	58							38	37	37	37.4	

*Number of persons married per 1,000 population.

COMMENTS ON VITAL STATISTICS

Population: 86,010 persons

The estimated population of Poole for 1956 was 86,010, being an increase over that for 1955 of 470. The age distribution at the 1951 Census resembled that for the whole country except that between 20 and 40 years there were relatively fewer and between 65 and 70 relatively more persons.

Marriage Rate: 17.4 (England and Wales: 15.8)

This is a slight increase over the Poole rate for 1955.

Birth Rate: 13.5 (England and Wales: 15.7)

Comparability factor: 1.08

The rate has increased by 0.3 to return to the same low level as for 1954. Births in the first half of 1957 would indicate that a similar rate may be expected for the present year.

Of the 1,171 live births in 1956, 54 per cent. took place at home and 46 per cent. in hospital or nursing home.

The 1955 average for the whole country was 36 per cent at home and 64 per cent in hospital, etc.

Illegitimacy: 5.1 (England and Wales: 4.7—1955)

The very slight reduction that occurred leaves unaltered the incidence of illegitimacy as one in twenty. It should be remembered that the infant mortality rate is higher among those children.

Premature Births: 6.66 (England and Wales: 6.9—1956)

A slight reduction occurred and comparison with the national rate is favourable.

Stillbirths: 18.4 (England and Wales: 23.0)

The reduction noted here although welcome is probably more apparent than real, nevertheless the average over five years continues to be just below national average.

Deaths. Crude rate: 12.4 (England and Wales: 11.7)

Comparability factor: 0.87

This may be taken as an average figure comparing favourably, when adjusted, with the national rate.

Section A

Infant Mortality: 30.8 (England and Wales: 23.8)

The national decline in infant mortality continues, but in Poole it remains at too high a level.

The average for five years is also in excess of the national average whereas until 1950 Poole had a rate less than that of the whole country.

The following rates for 1956 show how that of Poole compares with neighbouring areas, the region and the country generally:

England and Wales ...	...	...	23.8
Southern Region ...	...	...	20.7
Dorset County ...	...	...	24.4
Bournemouth County Boro'	...	...	21.8
Bournemouth average, 1952-1956 ...	...	...	20.5
Poole Municipal Borough ...	...	...	30.8
Poole average, 1952-56 ...	...	...	29

Reference to the Registrar General's Quarterly returns will show that Poole is on a par with some of the worst cities in the country.

From an examination of the infant deaths it is apparent that although the prematurity and stillbirth rates do not differ much from the national average, twice as many premature babies die. A similar situation was noted in 1955.

Another factor of significance is that the deaths are occurring in the first week of life.

A concerted effort by all concerned will have to be directed towards the prevention of prematurity, and the care of the premature infant, if any improvement in the situation is to be achieved.

Neo-natal Deaths: 25.6 (England and Wales: 16.9)

The infant deaths occurring in the first month of life give a rate of 25.6 against a national figure of 16.9.

Infant Deaths under one week: 21.8 (England and Wales 14.3 in 1955) (per 1,000 total births)

In the first week of life the infant death rate was 21.8 as compared with the national rate in 1955 of 14.3.

Perinatal Mortality: 40.2 (England and Wales 37.4 in 1955) (Sum of stillbirth rate and deaths under one week rate).

Reference has been made elsewhere to the increasing importance of this index and in future it is to be recorded by the Registrar General.

Maternal Mortality: 0.84 (England and Wales: 0.56)

No maternal deaths had been recorded in Poole for the previous four years but one death appears in the 1956 return. It was due to sepsis, following criminal abortion.

SECTION B

GENERAL PROVISION OF HEALTH SERVICES

Public Health Laboratories

The Medical Research Council of the Ministry of Health directs the Public Health Laboratory Service. One of the constituent laboratories, under the direction of Dr. G. J. G. King, was located at the Municipal Buildings, Poole, until September, 1951, when it was transferred to Boscombe. This laboratory serves the area covered by Bournemouth, Poole, Christchurch, West Hants and East Dorset. During the year 1956, a total of 4,731 specimens from Poole was examined.

The laboratory undertakes the examination of specimens for the diagnosis of cases or suspected carriers of any infectious disease. It also undertakes for public health authorities the bacteriological examination of drinking and swimming-bath water and of milk, ice-cream and other foodstuffs as distributed to the public.

Ambulance Services

Under the provisions of the National Health Service Act, this service is provided by the Dorset County Council. The Poole Section of the Ambulance Service is now located in the new ambulance station in Churchfield Road, Poole (Telephone: Poole 294), where a day and night service is maintained. The staff consists of one Supervisor, one Deputy Supervisor and twelve driver-attendants. Four first-line ambulances, one ambulance coach for the transport of special children, and three Utilicon sitting ambulances were in operation, four first-line ambulances, and five Utilicons being equipped with radio-telephone.

Home Nursing

The Home Nursing service in the Borough is carried out by the Dorset County Nursing Association in their capacity as agents for the Dorset County Council. The headquarters of the Home Nursing Service in Poole are at 464 Ashley Road, Parkstone (Telephone: Parkstone 1948).

A total of 48,293 visits was paid during 1956, and the number of individual cases attended was 2,141.

Section B

Clinics and Treatment Centres as at 31st December, 1956

(a) **School Clinics**

The School Clinic, 67 Market Street, Poole	Monday, 9 a.m.
The School Clinic, Shillito Road, Branksome	Friday, 9 a.m.
Hamworthy Clinic	Tuesday and Friday, 9 a.m.
Henry Harbin School	Thursday, 9 a.m.
Broadstone Women's Institute	Thursday, 9 a.m.
Kemp Welch School	Wednesday, 9 a.m.
Trinidad School	Monday, 2.15 p.m.
Sylvan School	Tuesday, 2.15 p.m.

(b) **Ante-Natal and Post-Natal Clinic—Medical Officer's Session. (By Appointment)**

67 Market Street, Poole	3rd Monday, 2 p.m.
-------------------------	--------------------

Ante-Natal Clinics—Midwives' Sessions. (By Appointment)

The Clinic, Shillito Road, Parkstone	Every Wednesday and Thursday, 2 p.m.
Hamworthy Clinic	Every Thursday, 2 p.m.
The Church Hall, Milne Road, Waterloo	Every Tuesday, 2 p.m.
Burlea Towers, 55 Parkstone Road, Poole	Every Tuesday, 2 p.m.
Wallisdown, St. Saviour's Church, Scott Road	Wednesdays, 2 p.m.

(c) **Contraception Clinic. (By Appointment)**

Hamworthy Clinic	Monday, 10 a.m. 2nd and 4th Monday, 2 p.m.
------------------	---

(d) **Infant Welfare Centres**

The Clinic, Shillito Road, Parkstone	Tuesday and Friday, 2 p.m.
*67 Market Street, Old Town	Wednesday, 10 a.m.
*Methodist Church Hall, Creekmoor	2nd and 4th Tuesday, 2 p.m.
*Methodist Church Hall, Oakdale	1st and 3rd Friday, 2 p.m.
*St. Saviour's Church, Scott Road, Wallisdown	2nd and 4th Thursday, 2 p.m.
*Methodist Schoolroom, Broadstone	2nd and 4th Thursday, 2 p.m.
Newtown Conservative Hall, Ringwood Road	1st, 2nd, 3rd and 4th Thursday
*Hamworthy Clinic	Wednesday, 2 p.m.
*Longfleet Congregational Church Hall	1st and 3rd Wednesday, 2 p.m.
*Church of the Good Shepherd, Rossmore	Thursday (except 5th) 10 a.m.

- *St. John Ambulance Brigade
Headquarters, 4 St. Peter's Road,
Parkstone 1st and 3rd Thursday, 10 a.m.
- *St. Aldhelm's Church Hall 1st and 3rd Thursday, 2 p.m.
Waterloo Community Hall,
Plantation Road 1st, 3rd, 5th Tuesday and 4th Wednesday, 2 p.m.
- (e) **Diphtheria Immunisation, Smallpox Vaccination and Whooping Cough Inoculations**
The Clinic, Shillito Road, 4th Tuesday, 2 p.m. (Whooping Cough only). 2nd and 4th Wednesday, 2 p.m. (Immunisation & Vaccination)
Parkstone
Hamworthy Clinic 3rd Tuesday, 10.45—11.45 a.m. (Immunisation). 1st Tuesday, 10.45—11.45 a.m. (Whooping Cough & Vaccination)
Waterloo Community Hall, 4th Wednesday, 10 a.m. (Vaccination, Immunisation & Whooping Cough)
Plantation Road
Newtown Conservative Hall, 1st Thursday, 10 a.m. (Immunisation & Whooping Cough)
Ringwood Road
Diphtheria Immunisation, Smallpox Vaccination and Whooping Cough Inoculations are also given at the Child Welfare Centres marked * above.
- (f) **Speech Therapy Clinic**
Herbert Carter School, Thursday, 10 a.m.
Blandford Road, Hamworthy
Burlea Towers, Monday, 10 a.m. and 2 p.m. Friday,
55 Parkstone Road, Poole 10 a.m. and 2 p.m.
- (g) **Child Guidance Clinic**
Burlea Towers, 55 Parkstone Road, Tuesday and Wednesday at 9.15 a.m.
Poole Alternate Thursday, 2 p.m.
- (h) **Asthma Clinic**
Burlea Towers, 55 Parkstone Road, Thursday, 2 p.m.
Poole

Hospitals

Poole General Hospital, Longfleet Road,	Medical, surgical and children's beds 190
	Maternity beds 28
Alderney Infectious Diseases Hospital, Ringwood Road	Infectious disease beds ... 60
St. Mary's Hospital, St. Mary's Road, Poole	Medical beds 145
Parkstone Sanatorium, Castle Hill, Parkstone	Tuberculosis beds (female patients) 43

SECTION C

SANITARY CIRCUMSTANCES OF THE AREA WATER SUPPLY

There are four systems of water supply in the Borough:

Poole Waterworks Undertaking.—This serves over 90 per cent. of the population.

Bournemouth and District Water Company.—This serves the parts of the Borough adjoining Bournemouth and Wimborne and supplies between 7,000 and 8,000 people.

The Canford School Supply.—This private system supplies about 600 people in Canford Magna.

Private Supplies.—Spring or well supplies in the outlying rural areas of the Borough.

Some notes on these four systems are given below:

(a) Public Water Supplies

Poole Waterworks Undertaking

The Annual Report for 1949 contained some notes on the history of the Poole Water Undertaking by the Waterworks Engineer and Manager, Mr. Richard S. Rendle, M.Inst.C.E., A.M.I.Mech.E.

The main supply for the district is provided by the Corporation Waterworks Undertaking. The supply is obtained from wells in the chalk at Corfe Mullen and Sturminster Marshall, their depths being 170 ft. and 280 ft. respectively. The raw waters are hard but that from Corfe Mullen is softened by a modern "cold lime" process and filtered through rapid gravity filters. Both supplies are chlorinated and ammoniated to give residuals of available chlorine throughout the area of supply. The water was maintained at a high standard of purity throughout the year and was sufficient to meet all demands.

During the year, 158 samples were taken from consumers' taps by the Public Health Inspectors for bacteriological examination at the Public Health Laboratory, and on all occasions the water was found to be within Class I (Ministry of Health Report No. 71 (1939) Classification). In addition, 152 samples, taken by the Waterworks' Chemist, were without exception within Class I. Four complete chemical analyses were made during the year by the Public Analyst and were reported as satisfactory. A copy of one of the analyses is given below.

Throughout the year a daily check of residual chlorine was made on samples taken from all parts of the area of supply, and in the control of the treatment plant, samples were taken by the Waterworks Undertaking every six hours.

During 1956, 59 bacteriological examinations of the raw water were made in the Waterworks Laboratory and of these:

9 samples were within				Class I
15	„	„	„	Class II
19	„	„	„	Class III
16	„	„	„	Class IV

B.Coli. Type I was demonstrated in 1 of the above samples. The maximum number of coliform bacteria was about 190 per 100 ml., at Corfe Mullen and 35 per 100 ml. at Sturminster Marshall and invariably followed abnormal rainfall.

As the water is derived from the upper chalk, it has no plumbosolvent action.

The fluoride content of the water varies between 0.03 and 0.10 parts per million the average value being 0.08 parts per million.

Within the area of supply in the Borough all houses are supplied direct and none by means of standpipes. During the year 7,865 yards of main were laid. The amount of water supplied was 1,062 million gallons.

Certificate of Analysis

of a sample of water from the Poole Corporation Waterworks supply on the 14th December, 1956.

I hereby certify that I have examined the above mentioned sample with the following results:

Chemical Analysis (results expressed in parts per million)							
Ammonia, free	...	...	...	...	...	...	0.088
„ albuminoid	...	...	...	...	...	...	0.086
Nitrites	...	...	...	...	...	...	Nil
Nitrates, as Nitric Nitrogen	...	...	...	...	...	...	5.57
Oxygen absorbed in 15 mins. at 80° C.	...	...	...	...	...	...	0.045
„ „ „ 4 hrs. „ „	...	...	...	...	...	...	0.135
Chlorine	...	...	...	...	...	...	25.25
Chlorine as Sodium Chloride	...	...	...	...	...	...	44.98
Hardness, temporary	...	...	...	...	...	...	130.0
„ permanent	...	...	...	...	...	...	30.0
„ total	...	...	...	...	...	...	160.0
Total solids	...	...	...	...	...	...	256.0
pH value	...	...	...	...	...	...	7.4
Appearance:	Colourless and clear						
Odour:	None						
Metals:	Iron, copper, lead, zinc absent						
Free Chlorine:	0.12 p.p.m.						

Bacteriological Examination:

Probable number of Coliform organisms per 100 mls.	...	Nil
Total organisms growing on Agar Agar at 37° C.	...	9 per ml.

Remarks:

The above results are very satisfactory, both chemically and bacteriologically, and in my opinion the water is very suitable for both drinking and domestic purposes.

(Signed) ARTHUR S. CARLOS, B.Sc. (Lond.), F.R.I.C.,
Public Analyst.

Bournemouth and District Water Company

On the eastern and northern boundaries of the Borough about 2,000 houses are within the supply area of the Bournemouth and District Water Company. In 1956, 59 samples of this supply were taken by the Public Health Inspectors for bacteriological examination at the Public Health Laboratory, Bournemouth and all found to be of the standard of Class I.

The fluoride content of the water is 0.03 p.p.m. (average).

The supply was ample throughout the year. A copy of a recent chemical analysis of this water is given below:

Certificate of Analysis

of a sample of average Town water supplied to the Borough of Poole, 1956.

B.Coliform P.N. in 100 c.c's. ...	0	Colour (Burgess Scale) ...	...	15
Agar Cultures 24 hours at 37°C.	3	Filtrability Index ...	...	—
Agar Cultures 48 hours at 37°C.	5	pH ...	...	7.83
Agar Cultures 72 hours at 22°C.	10	Electrical Conductivity at 20°C.	...	400
Cl.Welchii Reaction ...	—	Residual NH ₂ CL ...	...	0.10

Results in Parts Per Million :

Chlorine in Chlorides ...	19.0	Alkalinity as CaCO ₃ ...	180.0
Nitrogen in Nitrates ...	2.0	Silica as SiO ₂ ...	11.0
Nitrogen in Nitrites ...	0.054	Phosphates as P ₂ O ₅ ...	—
Free Ammonia ...	0.043	Iron as Fe ...	Nil
Ammoniacal Nitrogen ...	0.035	Total Solids + Suspended ...	—
Albuminoid Ammonia ...	0.055	Total Dissolved Solids ...	266.0
Albuminoid Nitrogen ...	0.045	Total Hardness ...	210.0
Oxygen Absorbed (4 hrs. at 37°C.)	0.788	Carbonate Hardness ...	180.0
Dissolved Oxygen ...	10.0	Noncarbonate Hardness ...	30.0
Free Carbon Dioxide ...	1.0		

(b) Private Water Supplies

In the Northern area of the Borough a population of about 600 in Canford Magna is supplied with water from a private supply belonging to Canford School. The supply is taken from a steel-lined artesian borehole in the underlying chalk at Canford and the water is hard. Automatic chlorination is carried out before distribution.

During the year 45 samples of treated water were taken for bacteriological examination and all were reported as Class I. 47 samples of the raw water were obtained during the year. Of these 37 were reported as Class I, 4 as Class II, 3 as Class III and 3 as Class IV.

In the rural part of Canford area, outside the area of the piped supplies there are 7 houses on small private supplies, i.e. springs

and wells. During the year 22 samples were taken from these supplies. Of these, 9 were "Class I" (highly satisfactory), 5 were Class III (suspicious) and 8 were Class IV (unsatisfactory). The 8 unsatisfactory samples were obtained from shallow wells situated in isolated areas where alternative supplies are not available.

DRAINAGE AND SEWERAGE

Sewerage in the Borough is designed on the "separate" system, separate sewers being provided for soil and road surface water drainage. Roof and surface water drainage from individual premises is chiefly disposed of in soakaways.

There are four main sewerage systems in the Borough. The principal system drains Poole, Longfleet, Parkstone and Sandbanks and discharges into the sea at Shore Road. Another system drains Newtown, Rossmore, Wallisdown, Branksome and Canford Cliffs and discharges into the sea at Branksome Chine. At Sandbanks the outfall is 1,800 feet from the shore and at Branksome Chine 1,050 feet. At both outfalls discharge is by pumping at all tides, the sewage being treated by disintegration and chlorination carried out in the pumps on the shore end of the outfall sewers.

Two smaller areas, Broadstone and Hamworthy, are drained separately to sewage disposal works. Broadstone is drained to works at Creekmoor from which the filtered effluent is discharged into Holes Bay near Fleets Bridge. Hamworthy is drained to a smaller and older disposal plant on the southern shores of Holes Bay into which effluent is discharged.

One private sewage disposal works situated at Canford Magna drains Canford School and part of the village. The effluent from this plant is discharged ultimately into the river Stour.

The greater part of the Canford area and the western end of Hamworthy, approximately 7,000 acres in extent and mostly semi-rural in character, are unsewered and in these areas drainage is mainly by cesspools, septic tanks or small disposal plants.

Except for the sewerage of the Council's new housing estates, no major works of sewerage were carried out in 1956.

Section C

Sewerage and Sewage Disposal

In 1954 certain aspects of the drainage arrangements of the Borough were the subject of a special report to the Public Health Committee. After consideration of this report the Council approved schemes prepared by the Borough Engineer to deal with the more urgent of the problems referred to. These schemes include the extension of the new Broadstone Sewage disposal works to treat the sewage from a population of 35,000, the re-sewering of Hamworthy to these new works, the improvement of the sewerage conditions in the Old Town, Sterte, Stanley Green, Longfleet and Oakdale areas, and the re-sewering of these areas to the Broadstone works to relieve the Shore Road trunk sewer and reduce the volume of sewage being discharged into the Bay.

These proposals were the subject of a public inquiry on the 10th January, 1956. The Minister of Housing and Local Government approved the scheme in principle but stipulated that it be carried out in stages. The first stage of the enlargement of the Broadstone Works should be completed by May, 1957. It is hoped that tenders for the diversion of the sewerage of the Old Town to Broadstone will be invited in March 1957 and those for the Hamworthy scheme later in the year.

Unsewered Areas

The major unsewered areas of the Borough are Hamworthy (western end), Waterloo (old part), Merley, Canford Magna and Bearwood.

When the sewerage schemes outlined above have been completed it will be practicable to sewer the western end of Hamworthy and the remainder of Waterloo. Application has been made to the Minister of Housing and Local Government for approval of a scheme to sewer the Merley and Canford Magna areas to the sewage disposal works to be constructed by the Wimborne Urban District Council on the north side of the River Stour opposite Canford Magna.

So far no proposals have been formulated for the sewerage of the Bearwood area of Canford where the danger arising from the lack of main drainage is greatest. In this area there are over 140 cesspools or septic tank drainage systems, many of which are situated in very close proximity to watercourses and streams. Since the area was

taken over in 1933 all known sources of direct pollution of streams have been cut out, but many of the cesspools and septic tanks are situated so close to water courses that indirect pollution through soakage and sub-soil percolation is almost inevitable and direct pollution from overflowing cesspools may occur at any time. This ever-present risk of pollution of streams forms a source of potential danger which will not be removed until the area is sewered.

CLOSET ACCOMMODATION

There are 818 cesspools and 185 pail-closets in the Borough, distributed as follows:

					Cesspools	Pail Closets
Parkstone	...	...	...	...	49	12
Poole	...	...	...	...	1	—
Hamworthy	...	...	...	...	118	56
Longfleet	...	...	...	...	2	5
Oakdale	...	...	...	...	24	—
Creekmoor	...	...	...	...	19	19
Waterloo	...	...	...	...	28	22
Broadstone	...	...	...	...	38	—
Merley	...	...	...	...	251	25
Oakley	...	...	...	...	84	17
Canford	...	...	...	...	54	29
Knighton	...	...	...	...	32	—
Bearwood	...	...	...	...	118	—
					<hr/> 818 <hr/>	<hr/> 185 <hr/>

During 1956, 6 drainage systems were connected to the sewer. 34 new cesspools were constructed.

The Council provides a full cesspool-emptying service for the unsewered areas of the Borough. Pail-closets are also emptied by the Council.

PUBLIC CLEANSING

These services are carried out by the Borough Engineer's Department under the direction of the Roads & Engineering Committee. I am indebted to the Borough Engineer for the following summarised figures applicable to the year ending 31st March, 1957.

Section C

House Refuse Collection and Disposal (combined)

Net cost for year 1956-57	...	...	...	£62,456
Net cost per ton collected	...	...	...	£2 19s. 4d.
Net cost per 1,000 of population	...	...	...	£726
Net cost per 1,000 premises	...	...	...	£2,015
Cwts collected per 1,000 population per day				13.4 cwts
Tonnage of refuse collected for year	...	...	...	21,044 tons

Street Cleaning and Gulley Cleansing

Total mileage of roads cleaned	...	...	...	145.6 miles
Net cost per mile	...	...	...	£165
Net cost per 1,000 population	...	...	...	£279
Net cost per 1,000 gullies cleansed	...	...	...	£172
Net cost per 1,000 population	...	...	...	£30

SANITARY INSPECTION OF THE AREA

In 1956 the Public Health Inspectorate of the Borough consisted of one Chief Inspector, five District Inspectors, one Housing Inspector and one Meat Inspector. The Inspectors carry out all the normal duties of Public Health Inspectors and in addition the duties of Food Inspectors, Food and Drugs Sampling Officers and Diseases of Animals Inspectors for the Borough. The Chief Public Health Inspector and one District Inspector have also duties as Port Health Inspector and Deputy Port Health Inspector respectively.

The total number of visits and inspections made by the Public Health Inspectors during the year was 19,386.

1,168 complaints were received and investigated.

A summary of the work of the Public Health Inspectors during the year is given in the following tabular statement:

SUMMARY OF PUBLIC HEALTH INSPECTORS' ANNUAL TABULAR STATEMENTS

Visits

Animals :

Diseases of animals	...	...	...	...	...	...	...	149
Pet shops	...	...	...	...	...	...	...	16
Piggeries	...	...	...	...	...	...	...	234
Stables and cowsheds	...	...	...	...	...	...	...	4
Keeping of other animals	...	...	...	...	...	...	...	19

Drainage : 4107

Food :

Food inspection	...	...	...	...	...	...	...	635
Meat Inspection (slaughterhouses)	...	...	...	...	...	...	...	368
Sampling	...	...	...	...	...	...	...	922
Merchandise Marks Acts	...	...	...	...	...	...	...	187

Food Premises :

Bakehouses	...	...	...	...	...	...	...	81
Butchers	...	...	...	...	...	...	...	486
Catering premises	...	...	...	...	...	...	...	482
Dairies and milk shops	...	...	...	...	...	...	...	357
Fish and fried fish shops	...	...	...	...	...	...	...	193
Food factories	...	...	...	...	...	...	...	151
Ice-cream premises	...	...	...	...	...	...	...	36
Mobile food units	...	...	...	...	...	...	...	72
Slaughterhouses	...	...	...	...	...	...	...	67
Public houses	...	...	...	...	...	...	...	31
Other food premises	...	...	...	...	...	...	...	664

Housing :

Houses	...	...	...	...	...	...	...	3785
Common lodging houses	...	...	...	...	...	...	...	45
Houses let in lodgings	...	...	...	...	...	...	...	37
Moveable dwellings	...	...	...	...	...	...	...	317

Infection :

Infectious diseases	...	...	...	...	...	...	...	1372
Pests	...	...	...	...	...	...	...	331
Verminous premises	...	...	...	...	...	...	...	37

Industrial hygiene :

Factories	...	...	...	...	...	...	...	399
Workplaces	...	...	...	...	...	...	...	28
Offices	...	...	...	...	...	...	...	11
Outworkers' premises	...	...	...	...	...	...	...	35
Shops	...	...	...	...	...	...	...	77

Section C

Industrial hygiene (cont.):

Offensive trades ...	...	...	...	...	...	...	...	—
Rag flock premises	...	...	...	...	...	...	...	2
Smoke abatement	...	...	...	...	...	...	...	172

Public places :

Places of public entertainment	...	...	...	...	...	...	...	16
Public conveniences	...	...	...	...	...	...	...	550
Schools ...	...	...	...	...	...	...	...	35
Swimming pools ...	...	...	...	...	...	...	...	63

Refuse :

Offensive accumulations	...	...	...	...	...	...	...	148
Dustbins ...	...	...	...	...	...	...	...	16

Water Supply :

Supplies ...	...	...	...	...	...	...	...	143
Sampling ...	...	...	...	...	...	...	...	344

General :

Persons in need of care ...	...	...	...	...	...	...	...	72
General visits .....	...	...	...	...	...	...	...	1274
Interviews ...	...	...	...	...	...	...	...	429
Port ...	...	...	...	...	...	...	...	387
Total number of inspections and visits	...	...	...	...	...	...	...	19386

Work done

Housing:

No. of houses inspected for housing defects ...	...	...	...	...	...	...	...	696
No. of houses recorded under Housing Regulations	...	...	...	...	...	...	...	150
No. of houses requiring repair ...	...	...	...	...	...	...	...	268
No. of houses repaired without formal action	...	...	...	...	...	...	...	249
No. of houses repaired after formal action ...	...	...	...	...	...	...	...	45

Drainage:

Choked drains cleared ...	...	...	...	...	...	...	...	183
Drains altered, repaired or reconstructed	...	...	...	...	...	...	...	242
Drains tested ...	...	...	...	...	...	...	...	431
Certificate tests carried out ...	...	...	...	...	...	...	...	15
Cesspool drainage connected to sewer	...	...	...	...	...	...	...	6

Disinfections, etc., carried out:

Infectious diseases	...	...	...	...	...	...	268
Verminous premises	...	...	...	...	...	...	36
Insect pests, etc.	...	...	...	...	...	...	164

General:

Food premises—number where defects remedied	...	...	...	...	...	...	169
Industrial premises—number where defects remedied	...	...	...	...	...	...	50
Premises on which animals kept—number where defects remedied	...	...	...	...	...	...	34
Premises cleared of vermin or pests (other than rodents)	...	...	...	...	...	...	102
Other premises—number where defects remedied	...	...	...	...	...	...	70
Complaints investigated	...	...	...	...	...	...	1168

Notices :

No. of Informal notices served	...	...	...	...	...	...	1372
No of Informal notices complied with...	...	...	...	...	...	...	1285
No. of Statutory notices served	...	...	...	...	...	...	48
No. of Statutory notices complied with	...	...	...	...	...	...	58

SHOPS AND OFFICES

Owing to shortage of staff it has still not been possible for the Public Health Inspectors to carry out a systematic survey and inspection of all shops (other than food shops), but some 77 premises were inspected and in 4 instances notices were served for improvement of conditions.

11 visits were paid to offices and in no instance was any action necessary in regard to the sanitary conveniences.

MOVEABLE DWELLINGS AND CAMPING SITES

Since 1945 the Council have exercised strict control over the development of land for the siting of holiday camps or residential caravans. As a result of adherence to this policy the area is free from unsightly camps, caravans and movable dwellings which disfigure so much the coastal strip of southern England. It is the policy of the Council to approve the development of land for holiday camps only where the Council own the land and lease it for private development on approved lines. By this policy the Council hope to retain effective

Section C

control of camps by restricting their use to bona-fide holiday caravanners, and so prevent deterioration of the amenities of the district.

In pursuance of this policy the Council acquired 128 acres of land fronting on to Poole Harbour at Rockley Point, Hamworthy, and have leased some 60 acres for development as a holiday camp along lines agreed with the Council. Construction of the roads, sewers and permanent buildings commenced at the end of 1955 and the first stage, for 200 caravans, was completed and licensed in April, 1956. In the second stage, accommodation for 576 caravans will be provided by March, 1957, and the third and final stage should be completed in 1958. The camp is provided with permanent administrative buildings, club rooms, restaurant, shops, laundry and ablution and sanitary blocks and equipped with all the facilities and amenities essential in a modern holiday centre. The camp is for holiday caravans only and during the winter months all caravans are parked and the camp closed. The only other camp in the Borough was that of a religious organisation who have been given temporary Town Planning consent for the use of a site for a tented camp for a period of 42 days during the school holidays for a maximum of 150 persons. This camp is under strict control and no trouble has been experienced.

It is part of the general policy of the Council not to encourage the use of caravans for residential purposes and licences are granted only in the case of persons who are owners of building plots who are prepared to build as soon as plans have been approved and who undertake to comply with the standard sanitary conditions prescribed by the Council. This policy meets the need of the genuine temporary caravan dweller without weakening the Council's control over caravan dwellings generally.

Eight licences were issued during the year under this arrangement.

The presence of large tracts of heath in the outlying parts of the Borough has always been an attraction for gipsies and gipsy-type families. The latter in particular frequently try to "squat" on the outlying heath and lanes, but by keeping such areas under constant observation and acting promptly in conjunction with the owners of the land it has been possible so far to prevent the establishment of any camps or settlements of this type.

SMOKE ABATEMENT

It has been pointed out by the Chief Medical Statistician of the General Registrar's Office that towards the end of the nineteenth century major increases in mortality were associated with fog on five different occasions. More recently the fogs of 1948, 1952 and 1956 provided further examples of the dire effects of atmospheric pollution. The smog in London in 1952 which alone was responsible for some 4,000 deaths, aroused public interest in the need for the prevention of atmospheric pollution and resulted in the appointment of the Beaver Committee on Air Pollution. The report of this Committee, which was published at the end of 1954, was followed by the passing of the Clean Air Act, 1956, which embodied most of the recommendations of the Beaver Committee Report.

The passing of this Act was the most important administrative step forward in the prevention of air pollution since the Public Health Act of 1875. The main purposes of the Act are:

- (a) to prohibit the emission of dark smoke from chimneys, railway engines and vessels, subject to certain qualifications;
- (b) to prohibit the installation of new industrial furnaces unless they are capable, so far as practicable, of being operated without emitting smoke;
- (c) to require that the emission of grit and dust from existing industrial furnaces shall be minimised, and that the new industrial furnaces burning pulverised fuel or substantial quantities of other solid fuel shall be provided with grit-arresting equipment; and
- (d) to empower local authorities by order, subject to confirmation by the Minister concerned, to declare "smoke control areas", in which the emission of smoke from chimneys will constitute an offence.

Although some of the more important provisions, such as the control of dark smoke and grit and dust etc. will not come into force until early in 1958, a number of sections became effective from the 31st December, 1956.

While atmospheric pollution is not the problem here that it is in London and the larger industrial centres the juxtaposition of industrial and residential areas in the Borough makes it essential that emissions of smoke and grit from industrial premises be eliminated.

Already there are within the area of the Borough two of the largest coal consuming plants in the region in the electricity power

Section C

station and the gas works, and a considerable increase in production is planned for the power station. Industrial expansion, both in the form of the introduction of new industries and in the extension of existing factories, has taken place rapidly in the area during the past few years and this development is still proceeding. It has also to be remembered that the basic industry of the district—the manufacture of bricks, pipes, tiles and pottery consume considerable quantities of raw fuel, under conditions which inevitably give rise to the production of smoke, grit and fumes.

In 1949, in view of the development of the power station, it was decided that information should be obtained of the state of atmospheric pollution in the Borough before the new station came into operation and the conditions afterwards. After consultation with the Director of the Observations at the Fuel Research Station, Greenwich, it was decided to carry out the recordings at four stations, now increased to five, each equipped with a deposit gauge and a lead-peroxide instrument. The recordings were started on the 1st February, 1950, and are still continuing. The stations are maintained by the Public Health Inspectors but all measurements and analyses of deposits are carried out by the Public Analyst, Mr. A. S. Carlos, B.Sc., F.R.I.C., whose report on the recordings for 1956 is appended.

Report on Investigation of Atmospheric Pollution in the Borough of Poole during the year 1956

Observations have been carried out at the following five stations during the twelve months ending December 31st, 1956, in a similar manner to those made during the six preceding years.

<i>Station</i>	<i>Position</i>	<i>Distance from Power Station</i>	<i>Distance from Poole Gasworks</i>
I.	Old Council Offices	$\frac{1}{2}$ mile E.	$\frac{1}{2}$ mile W.
II.	Central Fire Station	1 mile N.E.	$\frac{1}{2}$ mile N.
III.	Municipal Buildings	$1\frac{3}{4}$ miles N.E.	1 mile N.E.
IV.	Poole Cemetery	2 miles N.E.	$1\frac{1}{2}$ miles N.E.
V.	Swimming Baths, Park Lake Road	2 miles E.	$\frac{1}{4}$ mile N.E.

The last station was installed in September 1953 and, in consequence only three years' complete records have been obtained from this station.

The monthly observations carried out, according to methods laid down by the Department of Scientific and Industrial Research, are as follows:

- (a) Collection of the rainfall and measurement in inches.
- (b) Determination of the solid matter washed from the atmosphere and calculated with the rain in the form of:
 - (i) Insoluble combustible matter, which represents soot.
 - (ii) Insoluble mineral matter, which represents grit and ash.
 - (iii) Soluble solids, very largely salt, derived from the sea.

All the results are calculated in tons deposited per square mile.

- (c) Estimation of sulphur trioxide in the atmosphere at each station and calculation as milligrams falling on an area of 100 sq. centimeters per day.

This is a measurement of the sulphuric acid which is in the atmosphere and which is so very largely responsible for corrosion and attack on metals and stonework of buildings.

Full monthly details of all the matter deposited, as well as the rainfall, at each of the five stations during the year under review are given in Table III.

(a) Rainfall

Table I gives the figures obtained during the past seven years.

The average rainfall at each station calculated from the yearly figures since the start of the investigation is as follows:

Station I.	Old Council Offices ...	...	...	Average	31.95 inches
,,	II. Central Fire Station ...	...	...	,,	27.11 ,,
,,	III. Municipal Buildings ...	...	...	,,	31.61 ,,
,,	IV. Poole Cemetery ...	...	...	,,	29.60 ,,
,,	V. Swimming Bath, Park Lake Road ...	...	...	,,	22.94 ,,

The figures, which are marked on Chart "A" clearly show that certain areas in the Borough, particularly near Sites V and II, consistently receive less rainfall than the other areas.

Chart "A" shows that 1953 was the driest year since 1950, and 1951 the wettest.

(b) Deposited Matter

Full details of the solid matter deposited with the rainfall at all the Stations are given in Table II. The results are divided into three classes, soot, ash and grit, and soluble solids.

The soot, ash and grit are almost entirely derived from chimneys, both household and factory, while the soluble solids are very largely derived from natural salts from the sea.

The results are shown graphically in Charts B and C.

Station V, at Park Lake Road Swimming Baths, has been in operation for just over three years, and the main deposit here is coal dust from the Gasworks and coal dump.

Ash and Grit. The total quantity deposited is somewhat less than in the previous years, the main reduction being in the Market Street and Central Fire Station areas. The results at Poole Cemetery have not varied much during the past three years.

Soot and Combustible Matter. The amount of soot deposited shows a considerable reduction on last year's figures except at the Municipal Buildings and Poole Cemetery Sites. The average results, excluding those of Station V are remarkably near those shown during the period 1952 to 1954.

Sulphur Trioxide. Details of the sulphur trioxide, calculated as milligrams per day on an area of 100 sq. centimeters, are given in Table III and are summarised below in Table IV.

Table IV — Sulphur Trioxide

Station	1950	1951	1952	1953	1954	1955	1956
I	0.99	0.99	0.88	1.09	1.11	0.95	1.05
II	1.00	1.07	0.88	1.37	1.77	1.18	1.70
III	0.93	0.89	0.79	1.06	1.13	1.28	1.35
IV	0.73	0.78	0.58	0.84	0.84	0.94	0.99
V	—	—	—	2.04	2.86	2.09	2.07

The average figures for the past seven years for Stations I to IV and for the past four years for Station V are:—

Station I.	Old Market Street	1.09	milligrams per 100 sq. cms per day				
„ II.	Central Fire Station	1.28	„	„	„	„	„
„ III.	Municipal Buildings	0.99	„	„	„	„	„
„ IV.	Poole Cemetery	0.79	„	„	„	„	„
„ V.	Swimming Baths	2.15	„	„	„	„	„

Sulphur trioxide is very largely the cause of corrosion to stone-work and metals as it is a very strong acid which combines with water. The above figures would, therefore, indicate that corrosion would be greatest in the Swimming Baths, Central Fire Station and Old Market Street areas and least in the vicinity of the Municipal Buildings and Poole Cemetery.

The results of the investigations during the past year have shown that, in general, pollution of the atmosphere in Poole has decreased somewhat during the past year, whereas the rainfall increased slightly.

(Signed) ARTHUR S. CARLOS, B.Sc., F.R.I.C.

Public Analyst.

Table I — Total rainfall measured in inches

Station	i Old Council Offices	ii Central Fire Station	iii Municipal Buildings	iv Poole Cemetery	v Swimming Baths
1950	35.14	30.08	34.48	33.20	—
1951	42.84	35.58	42.54	39.65	—
1952	29.78	26.96	29.70	27.72	—
1953	22.68	18.70	22.70	21.77	6.37
1954	33.00	26.38	34.13	31.77	19.85
1955	29.35	25.66	28.40	25.26	22.30
1956	30.86	27.08	29.34	27.85	24.84

Station No. V was in operation for three months during 1953 and the figures for 1954 are for 11 months only on account of the breakage of the apparatus during the gales of November.

CHART "A"

TOTAL RAINFALL AT ALL STATIONS DURING THE YEAR

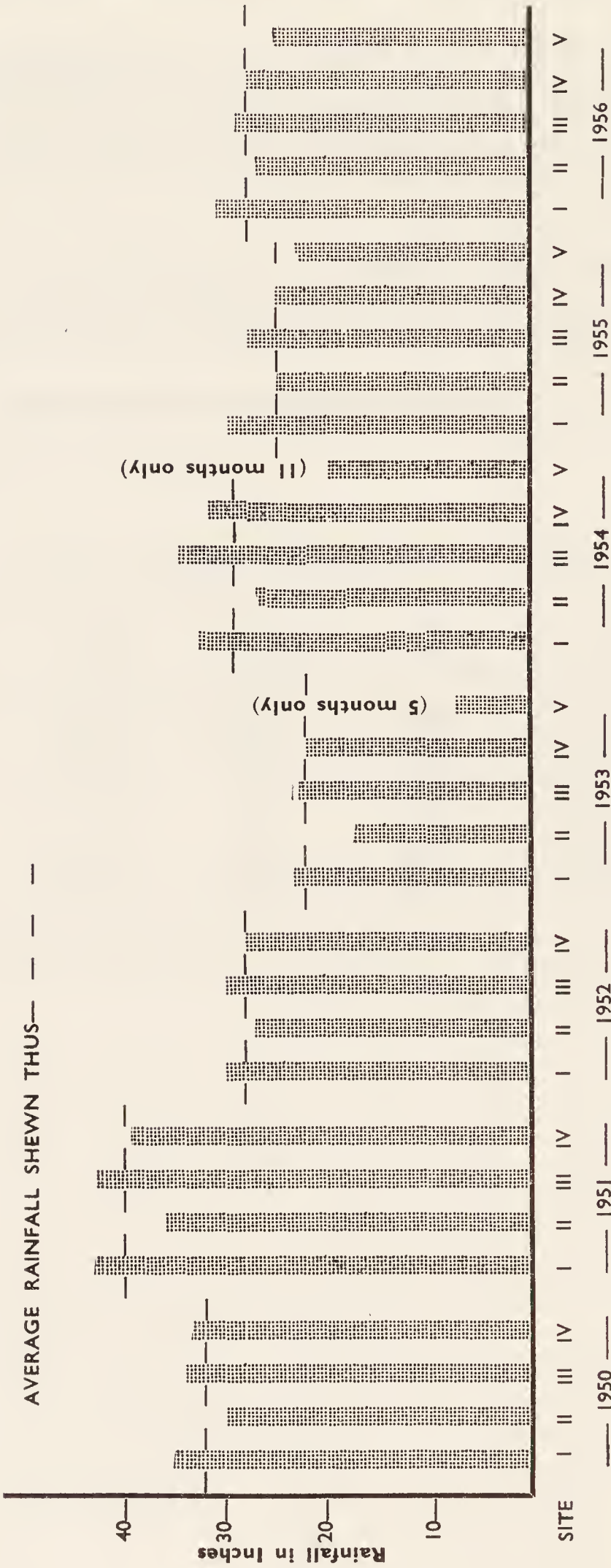


TABLE II**Total Deposited Matter in Tons per Square Mile**

<i>Station I — Old Council Offices</i>							
	1950	1951	1952	1953	1954	1955	1956
Soot	33.43	41.64	36.13	33.70	35.27	47.24	37.04
Ash and Grit	48.14	93.07	79.82	69.64	63.33	59.08	48.35
Soluble Solids	105.59	185.88	113.05	100.86	107.88	90.53	122.31
Total	187.16	320.59	229.00	204.20	206.48	196.85	207.70

<i>Station II — Central Fire Station</i>							
	1950	1951	1952	1953	1954	1955	1956
Soot	26.55	38.42	26.51	24.00	25.84	37.62	24.89
Ash and Grit	39.42	71.99	70.46	59.73	68.13	66.89	47.72
Soluble Solids	85.61	155.23	107.51	92.90	106.10	95.85	90.58
Total	151.58	265.64	202.48	176.63	199.07	200.36	163.19

<i>Station III — Municipal Buildings</i>							
	1950	1951	1952	1953	1954	1955	1956
Soot	29.05	38.02	31.11	31.21	29.31	30.37	30.11
Ash and Grit	31.75	79.90	65.95	53.43	52.05	47.83	40.45
Soluble Solids	87.34	170.95	100.14	94.49	97.91	89.32	88.73
Total	148.14	288.87	197.20	179.13	179.27	168.02	159.29

<i>Station IV — Poole Cemetery</i>							
	1950	1951	1952	1953	1954	1955	1956
Soot	13.62	16.75	17.74	17.73	13.14	14.40	13.50
Ash and Grit	17.90	30.76	34.02	28.14	24.15	22.34	21.96
Soluble Solids	62.27	117.39	82.86	68.31	63.88	70.53	64.81
Total	93.79	164.90	134.62	114.18	101.17	109.27	100.27

Section C

Station V — Swimming Baths, Park Lake Road							
	1950	1951	1952	1953	1954	1955	1956
Soot	—	—	—	27.98	159.02	163.56	150.88
Ash and Grit	—	—	—	26.71	90.11	81.90	76.09
Soluble Solids	—	—	—	41.75	68.60	79.66	91.80
Total	—	—	—	96.44	317.73	323.12	318.77

Note.—Station No. V was in operation for 5 months during 1953 and the figures for 1954 are for 11 months only on account of the breakage of the apparatus during the gales in November.

TABLE III

Deposit: Tons per sq. mile						
1956	Rainfall inches	Soot	Ash	Soluble matter	TOTAL	SO ₃ mgs.
Station No. I — Old Council Offices, Market Street						
January	4.73	3.36	3.33	16.46	23.15	1.66
February	Nil	2.54	4.56	Nil	7.10	1.33
March	1.02	4.77	3.71	6.69	15.17	1.70
April	2.13	3.05	4.54	6.24	13.83	0.80
May	0.51	2.96	4.59	3.71	11.26	0.58
June	2.05	2.98	4.54	6.68	14.20	0.77
July	3.51	3.39	5.28	24.59	33.26	0.69
August	3.31	2.84	4.36	10.01	17.21	0.58
September	5.12	3.47	3.23	9.28	15.98	0.70
October	1.58	1.98	2.35	5.03	9.36	0.94
November	0.95	3.10	3.71	5.46	12.27	1.60
December	5.95	2.60	4.15	28.16	34.91	1.40
Total	30.86	37.04	48.35	122.31	207.70	
						Daily Average 1.05
Station II — Central Fire Station						
January	4.85	2.12	5.52	17.44	25.08	1.59
February	Nil	1.45	2.47	Nil	3.92	2.13
March	0.99	1.73	3.31	4.97	10.01	2.51
April	1.93	2.38	6.31	6.11	14.80	1.07
May	0.35	2.80	6.83	3.65	13.28	0.90
June	1.69	2.34	3.42	6.23	11.99	0.79
July	3.15	2.70	4.53	13.14	20.37	1.62
August	2.81	2.19	5.10	8.16	15.45	2.38
September	4.18	1.95	4.06	8.13	14.14	1.85
October	1.38	0.93	1.01	2.65	4.59	1.29
November	0.79	1.67	2.38	4.20	8.25	2.11
December	4.96	2.63	2.78	15.90	21.31	2.33
Total	27.08	24.89	47.72	90.58	163.19	
						Daily Average 1.70

1956	Rainfall inches	Deposit: Tons per sq. mile			TOTAL	SO ₃ mgs.
		Soot	Ash	Soluble matter		
Station III — Municipal Buildings						
January	4.53	3.10	4.83	12.88	20.81	2.07
February	Nil	2.41	4.25	Nil	6.66	1.33
March	0.91	2.57	5.23	4.72	12.52	2.66
April	2.09	3.20	5.31	5.81	14.32	1.22
May	0.51	2.49	2.73	2.54	7.76	0.76
June	1.89	3.53	2.80	1.64	7.97	1.52
July	3.62	3.40	4.38	16.94	24.72	0.58
August	3.41	2.23	2.68	7.08	11.99	0.71
September	4.77	1.61	2.19	8.38	12.18	0.77
October	1.38	1.43	1.47	2.54	5.44	1.01
November	0.95	1.91	2.40	4.44	8.75	2.01
December	5.28	2.23	3.18	20.76	26.17	2.03
Total	29.34	30.11	40.45	88.73	159.29	
Daily Average						1.35
Station IV — Poole Cemetery						
January	4.59	0.74	0.97	10.23	11.94	1.67
February	Nil	1.02	1.73	Nil	2.75	1.64
March	0.91	0.85	1.01	2.44	4.30	1.21
April	1.43	1.37	2.91	3.61	7.89	1.04
May	0.51	1.71	2.43	2.50	6.64	0.59
June	1.93	1.11	2.81	4.71	8.63	0.66
July	3.51	1.70	2.36	5.24	9.30	0.59
August	3.39	0.95	1.60	5.76	8.31	0.63
September	3.86	1.05	1.55	5.49	8.09	0.51
October	1.62	0.62	0.83	3.07	4.52	0.76
November	1.02	1.03	2.06	3.36	6.45	1.33
December	4.59	1.35	1.70	18.40	21.45	1.59
Total	27.85	13.50	21.96	64.81	100.27	
Daily Average						0.99
Station V — Swimming Baths, Park Lake Road						
January	4.06	11.34	5.44	12.50	29.28	3.91
February	Nil	12.56	4.56	Nil	17.12	2.99
March	0.71	11.90	5.29	3.74	20.93	2.35
April	1.69	12.84	6.53	4.63	24.00	1.23
May	0.39	17.16	8.50	2.71	28.37	1.48
June	1.60	17.61	13.37	3.51	34.49	1.03
July	3.35	22.81	8.79	10.89	42.49	2.06
August	3.15	15.08	7.23	8.81	31.12	2.77
September	3.47	12.26	5.83	5.64	23.73	1.70
October	1.30	5.07	2.47	2.96	10.50	1.66
November	0.79	3.37	1.94	1.94	7.25	1.90
December	4.33	8.88	6.14	34.47	49.49	2.22
Total	24.84	150.88	76.09	91.80	318.77	
Daily Average						2.07

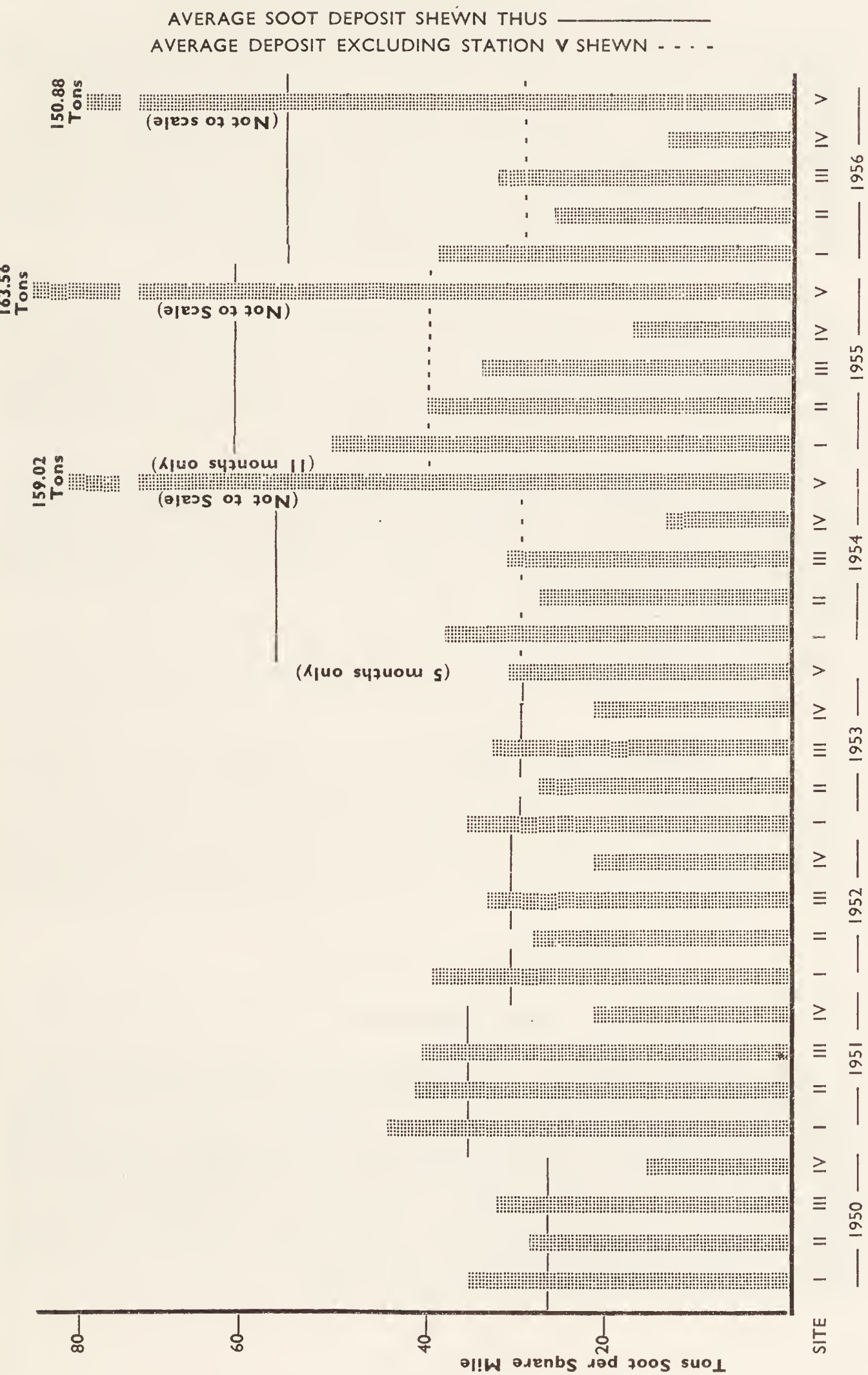
CHART "B"
TOTAL GRIT AND ASH DEPOSITED AT EACH STATION DURING
THE YEARS 1950-1956

AVERAGE GRIT AND ASH DEPOSIT SHEWN THUS———
AVERAGE DEPOSIT EXCLUDING STATION V SHEWN - - - -



CHART "C"

TOTAL SOOT DEPOSITED AT EACH STATION DURING THE YEARS
1950-1956



SWIMMING BATHS AND POOLS

During the year two open-air and one covered sea water swimming baths were available to the public—one Corporation bath and two privately owned baths. All three baths are provided with continuous action filtration and chlorination plants. In the Corporation bath breakpoint chlorination is used to overcome the difficulty of maintaining an effective chlorine residual in all parts of the bath during peak periods. With this system a chlorine residual of from 1 to 2 parts per million is maintained throughout the bath.

During the season 22 routine samples of the water were taken for bacteriological examination; the results of these are given in the table below. The standard used is the Ministry of Health classification for drinking water supplies. In addition, a daily check of residual chlorine in the water was maintained by the baths staff and checked periodically by the Public Health Inspectors.

There are also four private (schools) baths in the Borough. All four are open-air baths. One bath is provided with a continuous action filtration and chlorination plant. In the other three, chlorination is by hand dosing. During the year 7 samples of the water were taken for bacteriological examination.

Results of samples of water from swimming baths:

<i>Baths</i>	<i>Number of samples</i>	<i>Class I</i>	<i>Class II</i>	<i>Class III</i>	<i>Class IV</i>
Baths used by public ...	22	22	—	—	—
Private Baths	7	6	—	I	—
TOTALS	29	28	—	I	—

SEA BATHING

The Annual Report for 1950 contains some notes and observations on the facilities for sea bathing in Poole Bay and the effect of sewage pollution on the bathing beaches. 9 outfall sewers from Poole, Bournemouth and Christchurch discharge the sewage of a population of a quarter of a million people into the Bay, untreated except for disintegration and some slight chlorination. Bacteriological examinations carried out over the whole of 1951 show that there is gross sewage pollution of the water of Poole Bay.

The Poole Council has made repeated but unsuccessful efforts to get the neighbouring authorities and the Ministry of Health interested in a joint scheme for the diversion and treatment of the sewage of the three boroughs. However, the three borough councils have agreed in principle to proceed independently with schemes of re-organisation of sewerage which should result ultimately in all sewage being diverted away from the Bay for treatment at sewage disposal works. The schemes outlined on page 26 represent the first stages of the Poole programme to implement this policy.

DISINFESTATION

During 1956, 37 visits were made to dirty or verminous premises. One Council house and 3 private houses were found to be infested with bed bugs and were disinfested. In all cases the disinfestation was carried out by the Public Health Department at the expense of the owners or occupiers. The method used was spraying with a standard proprietary insecticide of the Pyrethrum-D.D.T. type. This method has been found to be satisfactory in practice, simple in operation, free from serious smell and relatively cheap.

In order to prevent the spread of infestation to new Council houses, prospective tenants' rooms, bed furniture and bedding found to be verminous are disinfested by spraying, before the date of removal and again on the day of removal. Bedding found to be heavily infested is disinfested by steam or destroyed.

COMMON LODGING HOUSES

There are two registered Common Lodging Houses in the Borough, both situated in the Old Town, near the Quay. These can accommodate 49 men (27 and 22 respectively). They were inspected on 45 occasions during the year.

MOSQUITO CONTROL

Seven species of mosquitoes have been found within the Borough boundaries and another seven in the surrounding districts. Some notes on these were given in the Annual Report for 1946.

The method of control adopted within the area of the Borough is as follows. All major potential breeding grounds are known and these are kept under observation during the period March to September. Where breeding is found to be occurring the water is sprayed with a mixture of kerosene and heavy oil and one per cent. D.D.T. and the treatment repeated at intervals as found necessary. This has been found to be successful in controlling breeding in the potential breeding grounds dealt with. During 1956, 5 major potential breeding areas

Section C

were sprayed in April and May, 34 in June, 12 in July, 8 in August and 11 in September.

Unfortunately the most numerous breeding places for mosquitoes are the small ornamental ponds, rainwater tanks, water butts, etc., in private gardens. These are difficult to control owing to the lack of co-operation of occupiers and frequently their existence and condition only become known as the result of complaints of mosquitoes in the neighbourhood.

It is difficult to estimate the extent to which the harbour back waters are breeding places, as large tracts of mudland are inaccessible and the largest areas are outside the Borough boundaries.

RODENT CONTROL

The Prevention of Damage by Pests Act, 1949, which came into operation on the 31st March, 1950, requires occupiers of land to notify infestation of rats and mice and empowers local authorities to require the destruction of rodents on land and the rat-proofing of premises, including agricultural land and premises.

Since 1944 the Council have provided a comprehensive service for the destruction of rats and mice on premises within the Borough. A full-time staff of one Rodent Officer and 3 Operatives is employed in this work, working on the methods laid down by the Infestation Division of the Ministry of Agriculture, Fisheries and Food. This service is free to the occupiers of private houses but many householders are still unaware of this as instances continually come to light where the presence of rats has been known to a number of persons who have been deterred from reporting the fact by the fear of a charge to themselves or their neighbours. Early notification of the presence of rats to the Public Health Department will not only help to increase the efficiency of the service but will lessen the loss to householders arising from the damage inseparable from the presence of this serious pest. For business premises a charge has to be made for rodent destruction work but this is limited to the actual cost of labour and materials used.

Throughout the year the "Block Control" system was operated in conjunction with investigation of complaints, i.e. when a complaint was investigated, a survey was made of the surrounding area and the whole area dealt with in one block. In addition a systematic survey of the premises and land in the Borough is carried on continuously and about 25 per cent of the operatives' time is devoted to this.

Treatment for rat infestations was mainly baiting, but all methods of destruction were employed. The estimate of the number of rats destroyed is based on the Infestation Division's system of calculation, but the number of bodies recovered from the surface shows the figure to be a conservative one, as in the poison baiting system of destruction most of the rats die underground.

During 1955, 376 sewer man-holes were test-baited without a single "take" being recorded and therefore it was not considered necessary to carry out test baiting of sewers in 1956.

Treatment for mice infestations was mainly by trapping and in most instances this was done by the occupiers of the premises themselves after instruction and advice by the Rodent Officer.

A summary of the work done in rodent destruction in 1956 is as follows:

Type of Vermin	Council Premises	Private Premises	Business Premises	Agricultural Properties	Total
Total No. of visits made by staff ...	177	9,518	1,821	211	11,727
Rats					
Total No. of premises inspected:					
(a) on complaint	9	680	125	11	825
(b) on survey	35	4,168	367	76	4,646
Total No. of premises found infested:					
(a) on complaint	8	606	134	4	752
(b) on survey	12	278	89	13	392
No. of premises treated	20	884	223	17	1,144
No. of premises cleared	16	865	215	15	1,111
No. of premises re-treated and cleared	1	77	25	1	104
No. of pre-baits laid	163	4,925	1,160	85	6,333
No. of poison baits laid	65	2,055	635	61	2,816
No. of post-baits laid	10	402	130	8	550
No. of instances where other methods used	—	—	—	—	—
Estimated No. of rats destroyed	132	3,219	731	219	4,301
No. of bodies of rats recovered ...	68	1,246	249	131	1,694
Mice					
No. of complaints received ...	7	109	70	—	186
No. of premises treated	7	109	70	—	186
No. of premises cleared	6	108	65	—	179

DISEASES OF ANIMALS

There were no outbreaks of Foot and Mouth Disease in the Borough during 1956, and none within the 15 mile radius.

During the year the existence of Swine Fever was confirmed in two commercial piggeries. During the outbreaks 10 pigs died on these premises. All the carcasses were removed to the Council's destructor at Waterloo and incinerated.

No cases of anthrax were reported during the year.

There are within the Borough 111 piggeries, many of which are operated on a commercial scale. 234 visits of inspection were paid to these premises during the year.

MERCHANDISE MARKS ACTS, 1926

Marking Orders under this Act were suspended during the war period and subsequent years but came into operation again in 1952. These orders chiefly relate to foodstuffs, and to help traders summaries of the provisions of the orders were circulated to foodshops in the Borough.

During 1956, 187 visits were made to shops to check marking of foodstuffs. On 25 occasions it was found necessary to draw shopkeepers' attention to infringements of the Orders, and in each instance this was sufficient to secure proper marking.

FACTORIES

The number of factories registered is 389.

The number of inspections made during the year was 399.

Owing to the shortage of staff it has still not been possible for the Public Health Inspectors to carry out inspections of factories on anything like a satisfactory scale.

Generally no great difficulty is experienced in dealing with nuisances or the remedy of defects.

Particulars of the inspections of factories are set out in the following table:

THE FACTORIES ACT, 1937

Part I of the Act

1. **Inspections** for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises	No. on Register	Number of :—		
		Inspections	Written Notices	Occupiers Prosecuted
* (1) Factories in which Sections 1, 2, 3, 4 and 6 are enforced by Local Authorities	34	9	1	—
† (2) Factories not included in (1) in which Section 7 is enforced by the Local Authority	349	384	38	—
(3) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	6	6	1	—
TOTAL	389	399	40	—

* — Factories in which no mechanical power is used.

† — Factories in which mechanical power is used.

2. Cases in which defects were found

(Defects discovered at premises on two, three or more separate occasions are reckoned as two, three or more "cases".)

Particulars	No. of cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness (S.1.) ...	1	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4) ...	2	—	—	2	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)—					
(a) Insufficient	7	4	—	—	—
(b) Unsuitable or defective ...	26	23	—	—	—
(c) Not separate for sexes ...	—	1	—	—	—
Other offences against the Act (not including offences relating to out- work)	12	7	—	1	—
TOTAL	48	35	—	3	—

OUTWORKERS

During the year lists containing the names and addresses of 47 outworkers were received from factories in the Borough. 21 were resident in the Borough, 26 were resident in other districts and their names and addresses were forwarded to the local authorities concerned. In addition 26 names and addresses of outworkers were received from other local authorities, making a total of 47 outworkers employed in the Borough, all in the clothing trade. In no instance was it found necessary to take any action with regard to unwholesome conditions.

SECTION 47, NATIONAL ASSISTANCE ACT, 1948

This section empowers the Council, where the Medical Officer of Health certifies that removal is necessary, to take steps to secure the removal of persons in need of care and attention to suitable premises. In order to facilitate action in urgent cases the Public Health Committee has delegated its powers to the Public Health (Legal Proceedings) Sub-Committee, who now have power to authorise the appropriate action to be taken.

In dealing with aged persons in need of care and attention, the general policy is to leave them in their homes as long as possible, providing them with assistance in the form of a home help, a sub-tenant living in with them or the service of regular hot meals. Only when absolutely necessary in their own interests are they removed to an elderly persons' home, institution or hospital.

During 1956, seven aged persons were dealt with. Of these, five were allowed to remain at home with help and two were persuaded to enter a home or institution voluntarily.

SECTION D

HOUSING

Number of Houses in occupation in the Borough

The total number of dwelling houses occupied and void was 27,080. 333 houses were still under construction on 31st December, 1956.

Year	Over £22 R.V.		Under £22 R.V.		Total		Popula- tion	Persons per occupied House
	Occupied	Void	Occupied	Void	Occupied	Void		
1946	5425	49	16117	82	21542	131	76330	3.52
1947	5535	27	16805	64	22340	91	78720	3.53
1948	5596	59	17243	73	22839	132	80480	3.52
1949	5842	50	17616	95	23458	145	81130	3.46
1950	5964	61	17740	84	23704	145	82140	3.47
1951	6035	74	18159	113	24194	187	82958	3.40
1952	6099	97	18546	145	24645	242	83270	3.38
1953	6130	155	18812	201	24942	356	83520	3.35
1954	6348	140	19324	226	25672	366	84540	3.29
1955	6491	150	19812	238	26303	388	85540	3.25
1956	16368	219	10306	187	26674	406	86010	3.22

New House Construction, 1956

1. Total number of houses completed in 1956 ...	676
2. Houses in above which form part of Municipal Schemes ...	109
3. Total number of houses under construction at 31-12-56 ...	333
4. Houses in above which form part of Municipal Schemes ...	94
5. Number of houses included in Municipal Schemes, approved, but not actually under construction at 31-12-56 ...	75

Council Houses

The number of houses erected by the Council prior to 1946 was 995. During the eleven years, 1946 to 1956 (inclusive) a further 3,683 houses (including 200 "Prefabs") were erected, making the total number of houses erected by the Council up to the end of 1956, 4,678.

Section D

Re-housing

	<i>No. of applicants on Housing register at 31 December</i>	<i>New applications received during the year</i>	<i>No. of families re-housed during the year</i>
1946	3,506	2,079	259
1947	3,271	1,068	309
1948	3,346	1,101	465
1949	3,262	947	317
1950	3,056	932	476
1951	2,785	892	419
1952	2,150	901	367
1953	2,570	855	465
1954	2,433	760	307
1955	2,283	582	206
1956	2,217	639	218

Slum Clearance

Section I of the Housing Repairs and Rents Act, 1954, required every local authority to submit to the Minister of Housing and Local Government within one year of the commencement of the Act, proposals for dealing with houses within their district which appear to be unfit for human habitation and with any other houses which they consider ought to be included in clearance areas.

In accordance with this requirement the Council submitted to the Minister proposals for dealing with 797 unfit houses by clearance or demolition within the next five years. These proposals were approved by the Minister in 1956 and their implementation is now in progress.

Owing to the uncertainty as to the future development of the Old Town and difficulties experienced in finding suitable accommodation for priority families and elderly persons unwilling to leave the area, progress in clearance schemes in 1956 was not as rapid as had been hoped, and only two new areas, Nos. 4 and 5 Clearance Areas, comprising 17 houses, were declared during the year. However, the work of detailed survey of unfit houses proceeded steadily and as a result it should be practicable to represent a very considerable number of houses during 1957.

Meanwhile the re-housing of families from the 75 houses in Nos. 1, 2 and 3 Clearance Areas was practically completed by the end of the year, and these houses should be demolished and the areas cleared for redevelopment early in 1957.

Houses in Disrepair

The problem of the repair of unfit houses which are capable of being made fit at a reasonable cost still remains unsolved. For economic reasons the enforcement of the repair sections of the Housing Act is no longer practicable and action is confined to such defects as can be dealt with under the nuisance sections of the Public Health Act. The governing factor is the difference between controlled rents and the cost of repairs and until this can be adjusted no improvement in the position is likely to be obtained. The Housing Repairs and Rents Act, 1954, has had little or no effect on the solution of this problem and it now remains to be seen what the proposed new legislation will achieve. Unless an answer is found many of these houses will soon become fit only for demolition or clearance and this is a situation which the community can ill afford.

Housing Inspection

1. Inspection of Dwelling Houses during the year 1956:

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	696
(b) Number of inspections made for the purpose ...	2,711
(2) (a) Number of houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	150
(b) Number of inspections made for the purpose ...	266
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	189
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	268

2. Remedy of Defects during the year without Service of Formal Notices:

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	249
--	-----

Section D

3. Action under Statutory Powers during the year:

(a) Proceedings under Sec. 9, 10 and 16 of the Housing Act, 1936

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	2
(2) Number of dwelling-houses which were rendered fit after service of formal notices	
(a) By owners	—
(b) By Local Authority in default of Owners ...	—

(b) Proceedings under Public Health Acts:

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	45
(2) Number of dwelling-houses in which defects were remedied after service of formal notices	
(a) By owners	44
(b) By Local Authority in default of Owners ...	1

(c) Proceedings under Sec. 11 and 13 of the Housing Act, 1936:

(1) Number of dwelling-houses in respect of which Demolition Orders were made	4
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	2

(d) Proceedings under Sec. 12 of the Housing Act, 1936:

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	1
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	—

(e) Proceedings under Sec. 3 (1) of the Housing Act, 1949, or Sec. 10 (1) of the Local Government (Miscellaneous Provisions) Act, 1953:

(1) Number of dwelling-houses in respect of which Closing Orders were made	9
(2) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit	—

4. Dwelling-houses demolished as result of informal action:

Number of dwelling-houses demolished	9
---	---

SECTION E

INSPECTION AND SUPERVISION OF FOOD

Food Premises

The number of food premises in the area, by type of business, is as follows :

Slaughterhouses	...	...	...	...	...	...	...	1
Dairies	...	...	...	...	...	...	...	17
Food factories	...	...	...	...	...	...	...	15
Catering premises	...	...	...	...	...	...	...	176
Bakehouses	...	...	...	...	...	...	...	18
Bakers' shops	...	...	...	...	...	...	...	33
Butchers	...	...	...	...	...	...	...	61
Fishmongers and friers	...	...	...	...	...	...	...	41
Grocers	...	...	...	...	...	...	...	237
Greengrocers	...	...	...	...	...	...	...	71
Confectioners and sweet shops	...	...	...	...	...	...	...	91
Licensed premises	...	...	...	...	...	...	...	91
Total	...	...	...	...	...	...	...	<u>852</u>

The number of food premises, by type, registered under Section 18 of the Poole Corporation Act, 1937, is :

Food factories (sausages, pies and cooked meats etc.)	...	...	...	...	...	...	...	2
Manufacture of sausages	...	...	...	...	...	...	...	39
Cooking of hams	...	...	...	...	...	...	...	15
Preparation and frying of fish and chips	...	...	...	...	...	...	...	20
Preparation and frying of potato crisps	...	...	...	...	...	...	...	2
Cooking of shell fish	...	...	...	...	...	...	...	4
Sale of ice-cream	...	...	...	...	...	...	...	311
Total	...	...	...	...	...	...	...	<u>393</u>

Other than slaughterhouses and ice cream premises, separate records of inspections of food premises registered under Section 18 of the Poole Corporation Act, 1937 are not kept.

The inspection and supervision of food and food premises form a very important part of the duties of the Public Health Inspectors and in 1956, 4,732 visits were made to food premises in the Borough as follows:—

Section E

Food

Food inspection	...	...	...	...	...	...	...	635
Meat inspection (slaughterhouses)	...	...	...	...	...	...	...	368
Sampling	...	...	...	...	...	...	...	922
Merchandise Marks Acts	...	...	...	...	...	...	...	187

Food Premises

Bakehouses	...	...	...	...	...	...	...	81
Butchers	...	...	...	...	...	...	...	486
Catering premises	...	...	...	...	...	...	...	482
Dairies and milk shops	...	...	...	...	...	...	...	357
Fish and fried fish shops	...	...	...	...	...	...	...	193
Food factories	...	...	...	...	...	...	...	151
Ice-cream premises	...	...	...	...	...	...	...	36
Mobile food units	...	...	...	...	...	...	...	72
Slaughterhouses	...	...	...	...	...	...	...	67
Public houses	...	...	...	...	...	...	...	31
Other food premises	...	...	...	...	...	...	...	664
Total	...	...	...	...	...	...	...	4,732

Food Hygiene Regulations, 1955

The Food Hygiene Regulations, 1955 came into full operation on 1st July, 1956, and apply to all food premises, including the catering establishments of schools, hospitals, institutions, hotels and clubs, etc.

The new regulations are very extensive, much wider in scope and more in accordance with modern conceptions of hygiene than previous legislation relating to food premises. One important omission is the lack of power to require the registration of catering premises. Past experience in connection with dairies, ice-cream and food factories has shewn that this is the most powerful weapon in securing a high standard of hygiene in food premises. Nevertheless, the new regulations are sufficiently extensive to ensure that their implementation will result in a considerable improvement of all food premises and particularly catering establishments.

In order to implement the regulations it has been necessary to carry out a re-survey of all food premises in the Borough but as this has had to fit in with the already heavy duties of the district inspectors it was not possible to complete the survey during the year. Nevertheless, by the end of the year, 356 premises had been surveyed and 273 notices served in relation to the premises. The results so far achieved in the improvement of premises are summarised in the table below.

Improvement of Food Premises

1. No. of premises dealt with:							
No. reconstructed	...	...	...	...	...	...	2
No. where major improvements carried out	...	...	...	...	...	...	14
No. where minor improvements carried out	...	...	...	...	...	...	151
							<hr/> 167 <hr/>
2. Summary of improvements secured:							
Premises cleansed or redecorated	...	...	...	...	...	...	46
Washing facilities provided or improved	...	...	...	...	...	...	35
Cleansing facilities provided or improved	...	...	...	...	...	...	17
Refrigerated storage provided	...	...	...	...	...	...	13
Other food storage accommodation provided	...	...	...	...	...	...	8
Facilities for protection of food provided	...	...	...	...	...	...	25
Sanitary accommodation provided or improved	...	...	...	...	...	...	4
Other improvements secured	...	...	...	...	...	...	49
							<hr/> 197 <hr/>
3. No. of unsatisfactory premises voluntarily closed	...	...	...	...	...	...	2

Milk Supply

Dairies and Milk Shops

The number of Milk Distributors registered in the Borough is as follows:

Wholesale Distributors	...	...	...	...	1
Wholesale and Retail Distributors	...	...	...	...	4
Retail Distributors	...	...	...	...	13
Retail Distributors from outside Borough	...	...	...	...	10
Sellers of bottled milk only	...	...	...	...	111

The Milk (Special Designations) Orders and Regulations

The following licences were granted:

Pasteurised Milk

Pasteurisers' licences	...	...	...	...	4
Dealers' licences	...	...	...	...	13
Supplementary licences	...	...	...	...	8
Licences for sale of sealed bottled milk	...	...	...	...	111

Section E

Tuberculin Tested Milk					
Bottlers' licences	...	...	...	...	4
Supplementary licences	...	...	...	...	8
Licences for sale of sealed bottled milk				...	49
Sterilised Milk					
Supplementary Licences		...	...	...	2
Licences for sale of sealed bottled milk				...	5

Control of Treatment and Distribution of Milk

Since the 1st October, 1949, the Ministry of Agriculture, Fisheries and Food has been responsible for the supervision of milk production and local authorities are now responsible only for supervision of treatment and distribution.

In the Borough, supervision of the milk supply is carried out by the inspection of premises, the checking of plant and methods and the bacteriological examination of the milk.

During 1956, 357 inspections of dairies and plant were made and 566 samples of milk and 56 sample batches of washed bottles were taken for bacteriological examination.

Since 1936 it has been the policy of the Council to secure the pasteurisation of all milk sold in the Borough and with the exception of a very small quantity of Tuberculin Tested milk sold by a distributor from premises outside the district, all milk sold in the Borough is pasteurised.

By the Milk (Special Designations) (Specified Areas) Order, 1952, the sale of milk other than "designated" milk was prohibited in the

Samples of milk taken for bacteriological examination

Grade of Milk	No. of Samples	Results of Tests			
		Phosphatase		Methylene Blue	
		Passed	Failed	Passed	Failed
Pasteurised	347	346	1	347	Nil
Tuberculin Tested, Pasteurised... ..	186	186	Nil	186	Nil
Tuberculin Tested	2	—	—	2	Nil
Ungraded, Raw*	31	—	—	21	10
Total	566	532	1	556	10

*Producers' supplies sampled on arrival at Dairies.

Borough of Poole as from the 1st November, 1952. It is to be regretted that the Order permits the sale of raw Tuberculin Tested milk but, as already mentioned, practically all Tuberculin Tested milk sold in the Borough is pasteurised.

24 samples of raw milk were taken from producers in the Borough and sent for biological (inoculation) tests. 23 of these samples were negative for Tubercle and *Brucella abortus* but one sample of milk, from a Tuberculin Tested herd, gave positive results for both Tubercle and *Brucella abortus*. In addition one sample from another herd gave a positive *Brucella abortus* result on a Ring test. In the case of the positive Tubercle sample the result of the sample was notified to the Animal Health Division of the Ministry of Agriculture, Fisheries and Food, for investigation and tracing of the infected animal. The producers concerned in the two positive *Brucella abortus* samples were advised as to the steps to be taken to eradicate the infection in their herds. To help them to isolate the animals concerned 23 samples were taken from individual cows for ring tests and of these 9 were positive. The investigations are still proceeding.

All milk supplies from the farms concerned in these cases are pasteurised and arrangements have been made to discontinue free supplies to farm staff until the herds have been cleared.

56 sample batches of washed bottles were taken for bottle rinse counts, 29 were satisfactory (not more than 600 organisms per pint bottle), 11 were fairly satisfactory (over 600 but less than 2,000) and 16 were unsatisfactory (over 2,000). The high number of unsatisfactory samples was mainly due to the large number of samples taken during investigations to trace the cause of unsatisfactory operation of washing machines.

Ice Cream

There are 311 premises in the Borough registered for the sale of ice-cream. These are :

Premises registered for retail sale	53
-------------------------------------	-----	-----	----

Premises registered for retail sale of pre-packed ice-cream only	258
---	-----	-----	-----	-----	-----

No premises in the Borough are registered for the manufacture of ice-cream and all ice-cream sold is obtained from one or other of the large firms operating on a national or regional basis. Practically all retailers have changed over to pre-packed ice-cream and only a few shops or kiosks specialising in the sale of ice-cream now sell "loose" or "bulk" ice-cream.

Section E

76 samples of ice-cream were taken during the year for bacteriological examination and the results are set out in the table below. The test used is the Methylene Blue reductase test recommended by the Public Health Laboratory Service. Grades I and II are considered satisfactory and Grade IV unsatisfactory.

Samples of ice cream for bacteriological examination

Type	No. taken	Grade I	Grade II	Grade III	Grade IV	Percentage unsatis- factory
From Retailers—Bulk Ice-Cream	4	2	2	—	—	Nil
From Retailers—Pre-packed Ice-Cream	72	59	5	4	4	5.55
TOTAL	76	61	7	4	4	5.26

The percentage of unsatisfactory samples in the nine previous years was: 1947, 27.5; 1948, 12.6; 1949, 4.8; 1950, 4.3; 1951, 2.2; 1952, 2.7; 1953, Nil; 1954, Nil; 1955, 2.47.

All the Grade III and IV samples were obtained from one batch of pre-packed ice-cream distributed in the Borough by a firm outside the area. The matter was taken up with the firm and the Local Authority concerned, all remaining stocks of the batch were withdrawn and the cause of the poor results investigated and rectified. All subsequent samples proved to be satisfactory.

31 samples of ice-cream were taken for chemical analysis and all conformed with the standard of not less than 5 per cent fat, 10 per cent sugar and $7\frac{1}{2}$ per cent milk solids other than fat prescribed by the Ministry of Agriculture, Fisheries and Food. Details of these samples are given in the report of the Public Analyst on page 65.

INSPECTION OF MEAT

With one exception slaughtering facilities for the area are provided at the Uddens Abattoir, near Wimborne. This abattoir was constructed by the Ministry of Food in 1954 and with the end of rationing it was taken over by the Wimborne and Cranborne Rural District Council, in whose area it is situated, and operated as a public abattoir for an area comprising the County Borough of Bournemouth, the Boroughs of Poole and Christchurch and the Wimborne Urban and Rural Districts.

One private slaughterhouse in the Borough, that at Bushel Mill Farm (previously the Ministry of Food slaughterhouse for the area) is being operated on a temporary licence for the slaughter of pigs for a large food factory in the Borough, pending the construction of a new abattoir at the factory.

During the year 368 spells of slaughterhouse duty were carried out by the Public Health Inspectors, during which every one of the 11,428 pigs killed were inspected at the time of slaughter and a detailed examination of the carcasses and organs made.

With the re-introduction of private slaughtering more attention has now to be devoted to the routine inspection of meat in food factories, butchers' shops, etc. In one large food factory 192 spells of inspection duty were carried out during which 6,658 carcasses of beef, veal, pork and mutton consigned from slaughterhouses outside the Borough were inspected. In addition, 486 visits were made to butchers' shops and other premises for the inspection of meat.

Carcases Inspected at Slaughterhouse

	<i>Cattle ex- cluding Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>	<i>Totals</i>
Number killed	—	—	—	—	11,428	11,428
Number inspected	—	—	—	—	11,428	11,428
All diseases except Tuberculosis— Whole carcasses condemned ...	—	—	—	—	10	10
Carcasses of which some part or organ was condemned ...	—	—	—	—	3,302	3,302
Percentage of the number inspect- ed affected with disease other than Tuberculosis	—	—	—	—	28.9	28.9
Tuberculosis only— Whole carcasses condemned ...	—	—	—	—	25	25
Carcasses of which some part or organ was condemned ...	—	—	—	—	652	652
Percentage of the number inspect- ed affected with Tuberculosis	—	—	—	—	5.9	5.9

Section E

Meat inspected at Food Factory

Beef	...	...	...	...	...	...	2,090 carcasses*
Veal	...	...	...	...	...	...	799 „
Mutton	...	...	...	...	...	...	1,905 „
Pork	...	...	...	...	...	...	1,864 „
							<hr/> 6,658 „ <hr/>

*8,360 fore and hind quarters.

Meat Condemned.

Meat	Tuberculosis	Other Diseases	Unsound	Total Weight
Beef	1,063 lbs.	832 lbs.	481 lbs.	2,376 lbs.
Veal	—	—	—	—
Mutton ...	—	20 „	—	20 „
Pork	6,934 „	3,560 „	843 „	11,337 „
Offal	13,283 „	6,254 „	111 „	19,648 „
Total ...	21,280 lbs.	10,666 lbs.	1,435 lbs.	33,381 lbs.

The total weight of meat and edible offal condemned in 1956 was 14 tons, 18 cwts., 0 qrs., 5 lbs.

INSPECTION OF OTHER FOODS

Arising from the inspection of food in retail shops etc., 2 tons, 0 cwts., 2 qr., 15 lbs. of foodstuffs (other than meat) were condemned and surrendered for destruction or salvage for animal feeding stuffs. These comprised :

Tinned foods	...	...	...	...	...	...	3021 lbs.
Bacon, poultry, rabbits, meat products	...	...	...	...	...	...	563 lbs.
Fish	...	...	...	...	...	...	438 lbs.
Fats (butter, margarine, cheese etc.)	...	...	...	...	...	...	10 lbs.
Fruit and Vegetables	...	...	...	...	...	...	508 lbs.
Dried Fruits	...	...	...	...	...	...	56 lbs.
Cereals, flour and flour products	...	...	...	...	...	...	166 lbs.
Eggs	...	...	...	...	...	...	70 lbs.
Other foods	...	...	...	...	...	...	839 lbs.
Total	...	...	...	...	...	...	<hr/>5,671 lbs. <hr/>

The total weight of all food (including meat and edible offal) condemned in 1956 was : 17 tons, 8 cwts. and 2 qrs. 20 lbs.

Since the decontrol of meat and of livestock slaughtering the Public Health Department has undertaken the disposal of all condemned meat and other foodstuffs. Carcase meat in suitable condition is sent to a processing firm for conversion to animal feeding stuffs and fertilisers. Badly diseased meat and all offal is destroyed by burning at the Council's destructor. Wherever possible cereals are disposed of (with suitable safeguards) for feeding to animals, but all other foodstuffs are destroyed by fire.

CHEMICAL AND BACTERIOLOGICAL EXAMINATION OF FOOD

Analyses of samples of foods and drugs taken under the Food and Drugs Act are carried out by the Public Analyst for the Borough, Mr. A. S. Carlos, B.Sc., F.R.I.C., Bournemouth, who also carries out any special chemical examinations of food, water, etc., required by the Public Health Department.

During the year 299 samples of food were submitted by the Public Health Inspectors to the Public Analyst for chemical examination.

All bacteriological examinations of foods required are carried out at the Public Health Laboratory, Boscombe, Bournemouth, (Director : G. J. G. King, M.B., B.Ch.). The facilities for examinations being so readily available, every use is made by the Public Health Inspectors of these aids in their work in food inspection. Examinations carried out by the laboratory include:

Routine bacteriological examinations of milk, ice-cream, soft drinks, shell-fish, etc.

Special examinations of foods for specific pathogenic organisms.

Phosphatase, Methylene Blue and biological tests of milk samples.

Churn and bottle rinses.

Microscopical examinations of specimens from slaughterhouse for identification of disease in meat inspection.

Microscopical examinations of cereals, etc., for mites, etc.

In all, 1,355 samples and specimens of food and water were submitted during the year by the Public Health Inspectors for bacteriological or microscopical examination.

FOOD POISONING

One case of suspected food poisoning was notified during the year and on investigation three people were found to be affected. The cases were of a mild nature and no specific bacteria or vehicle of infection was identified.

One other outbreak of food poisoning was investigated in a school when about one hundred children were affected. The outbreak was due to *Clostridium Welchii* and the vehicle of infection was not discovered. It was most unlikely, however, that the infection took place in the school kitchen.

FOOD AND DRUGS ADULTERATION

The Food and Drugs Act, 1955, which came into operation on the 1st January, 1956, inter alia, repeals and re-enacts with amendments, previous legislation relating to the sampling and analysis of foods and drugs and the action which may be taken in relation to adulterated or irregular samples.

299 samples of foods and drugs were taken under the Food and Drugs Act, 1955, by the Public Health Inspectors and sent to the Public Analyst for analysis.

The tables on pages 68 and 69 give summaries of the samples taken, the results of analyses and notes of the action taken in respect of adulterated samples.

The selective sampling method, in which samples are taken of selected groups of foods, is used, and this accounts for the bulk of the samples, but during the year the practice of regular sampling of food products manufactured in the Borough was continued. Attention was also devoted to the proper labelling of prepacked foods and most of the single samples taken were for the purpose of ensuring that the foods complied with the requirements of the Labelling of Food Order.

Mr. A. S. Carlos, B.Sc., F.R.I.C., is the Public Analyst for the Borough, and the section of his report which deals with his work under the Food and Drugs Act, 1955, is appended:

Samples taken under the Food & Drugs Act, 1955.

The total number of samples taken during the year was 299. Of these 141 were formal and 158 informal. Ten of the samples (five formal and five informal) were found to be adulterated or irregular. This represents a percentage adulteration of 3.3.

The incidence of adulteration during the past nine years is as follows:

Year	Samples taken	Percentage adulteration
1948	55	12.7
1949	241	11.8
1950	293	4.8
1951	310	5.5
1952	300	3.3
1953	299	8.0
1954	300	1.6
1955	301	3.0
1956	299	3.3

Details of all the samples taken during the year are given in the tables on pages 68 and 69.

Milks. 118 samples of Milk, including 8 Channel Island Milks, were examined. This represents 39.8 per cent of all the samples taken under the Food and Drugs Act.

One sample of milk, an informal sample, was found to be 3.3 per cent deficient in fat, and two formal samples were low in solids not fat, but as the freezing point in both these cases was satisfactory the samples were considered to be genuine but irregular milks.

Two of the Channel Island milks, one informal and one formal, were slightly below the minimum standard of 4 per cent of fat.

The average composition of all samples of milk taken during the year is shown below, and for comparison, the figures are given for the previous eight years:

	1949	1950	1951	1952	1953	1954	1955	1956
Fat, per cent	3.57	3.51	3.62	3.60	3.52	3.48	3.58	3.56
Solids not fat	8.93	8.93	8.86	8.83	8.82	8.79	8.65	8.69

From the above figures it will be seen that there has been a gradual fall in the non fatty solids during the past eight years, with a very slight rise last year.

Ice Cream. 31 samples of ice cream were submitted for analysis and all found to be genuine and to comply with the standards laid down. A comparison of the composition of ice-cream since 1949 is given below:

Section E

	1949	1950	1951	1952	1953	1954	1955	1956
Under 5 per cent	20	2	0	1	1	1	0	0
5 to 8 „	21	7	5	9	14	1	3	6
8 to 10 „	15	7	6	6	11	11	4	9
10 to 12 „	2	11	19	4	4	11	17	12
12 to 14 „	1	0	4	1	0	6	6	4
Over 14 „	0	0	3	0	0	0	0	0
Total ...	59	27	37	21	30	30	30	31

The above figures show that the quality of ice-cream has been maintained at a high standard during the past year.

Iced Lollies. The sale of these articles has increased very greatly during recent years. No official standard has, as yet, been laid down regarding the composition, but very close limits have been recommended for metallic contamination, particularly the lead and copper content. Twelve samples were examined during the year and only one contained traces of lead, and the highest quantity of copper found was 3.6 parts per million, where a limit of 20 parts per million has been recommended.

Butter and Margarine. Six formal samples of butter and five of margarine were submitted to analysis and all found to be genuine and of good quality.

Soft Drinks. 24 samples of soft drinks of various kinds were examined during the year and all found to comply with the requirements of the Soft Drinks Order. These were also examined for metallic contamination, and all but two, which contained a slight excess of lead, were found to be satisfactory.

Sausages. Recommendations have now been made as to the meat content of sausages, viz., not less than 65 per cent for pork and not less than 50 per cent for beef. These recommendations have not yet been issued under a Statutory Instrument, but it is held by Public Analysts that they are reasonable and should be adopted. Of the fourteen samples of sausages examined twelve complied with these standards, but two pork sausages were deficient in meat to the extent of 2.3 and 13.8 per cent respectively.

Alcoholic Liquors. Six samples of beer and nine of spirits were examined and all found to be of good strength and in a satisfactory condition.

Drugs. 37 samples of various drugs were submitted during the year and all complied with the various standards laid down in the British Pharmacopeia or the British Pharmaceutical Codex, with the exception of one sample of codeine Tablets. These were deficient in Phenacetin and the number contained in the bottle did not comply with the number stated on the label.

Labelling. Ten of the samples submitted under the Sale of Food and Drugs Act were also examined under the Labelling Orders. All of these complied with the Labelling of Food Order, 1953.

In conclusion I am satisfied that the general quality of the food and drugs submitted to me from your Borough continues to be of a high standard.

(Signed) ARTHUR S. CARLOS,
Public Analyst.

Section E

Samples taken for analysis under the Food and Drugs Act

	<i>Formal</i>	<i>Informal</i>	<i>Total</i>	<i>Genuine</i>	<i>Adulterated or irregular</i>
Foods					
Beer	6	—	6	6	—
Butter	6	—	6	6	—
Cake Mixture	—	1	1	1	—
Coffee	5	—	5	5	—
Creamola Foam Crystals	—	1	1	1	—
Custard Powder	—	5	5	5	—
Fish Paste	5	—	5	5	—
Flour, self-raising	5	—	5	5	—
Ice-cream	—	31	31	31	—
Ice Lollie	—	12	12	12	—
Instant Whip	—	2	2	2	—
Kraft Dinner	—	1	1	1	—
Lyonzade	—	1	1	1	—
Margarine	5	—	5	5	—
Meat Paste	5	—	5	5	—
Milk	60	50	110	107	3
Milk—Channel Island	6	2	8	6	2
Sausages, beef	5	2	7	7	—
Sausages, pork	5	2	7	5	2
Soft Drinks:					
Blackcurrant Syrup	1	—	1	1	—
Cherryade	—	1	1	1	—
Ginger Beer	—	1	1	1	—
Grapefruit Squash	—	2	2	1	1
Lemon Drink	1	—	1	1	—
Lemonade	—	4	4	4	—
Limeade	—	3	3	3	—
Orlem	—	1	1	1	—
Orange Squash	4	—	4	4	—
Orangeade	1	3	4	3	1
Pineapple Crush	—	1	1	1	—
Pukka Appetiser	1	—	1	1	—
Ready-mix Ice-cream Powder	—	1	1	1	—
Royal Tapioca Dessert	—	1	1	1	—
Pudding Mixture	—	1	1	1	—
Soup, tinned	—	1	1	1	—
Sponge Mixture	—	1	1	1	—
Spirits:					
Gin	3	—	3	3	—
Whisky	6	—	6	6	—
Trifle Mixture	—	1	1	1	—
Drugs					
Aspirin Tablets	10	—	10	10	—
Bronchial Mixture	—	1	1	1	—
Carbromal Tablets	—	9	9	9	—
Codeine Tablets	1	10	11	10	1
Cream of Magnesia	—	3	3	3	—
Milk of Magnesia	—	1	1	1	—
Milk of Magnesia Tablets	—	2	2	2	—
Total Food and Drugs	141	158	299	289	10

Samples taken under the Sale of Food and Drugs Act during 1956 and found to be adulterated or irregular

No.	Sample	Formal or Informal	Nature of Adulteration	Action Taken
E.35	Codeine Tablets	I.	Deficient in Phenacetin to the extent of 0.055 gms. per tablet. Bottle contained 19 tablets, label stated 25 tablets.	Repeat formal sample genuine.
A.16	Milk	F.	0.7 per cent deficient in non-fatty solid. Freezing point—0.542°C.	Genuine but irregular. Distributor cautioned. Repeat sample satisfactory.
A.24	Milk	F.	1.6 per cent deficient in non-fatty solid. Freezing point—0.531°C.	Genuine but irregular. Distributor cautioned. Repeat sample satisfactory.
A.39	Milk, Channel Island	I.	1.5 per cent deficient in fat.	Distributor informed. Investigation of farm supplies carried out by dairy.
B.23	Milk	I.	3.3 per cent deficient in fat	Vendor cautioned. Repeat sample satisfactory.
C.26	Milk, Channel Island	F.	1.7 per cent deficient in fat.	Vendor cautioned.
A.68	Orangeade	I.	0.4 p.p.m. excess of lead.	Manufacturer notified. Subsequent samples satisfactory.
A.71	Grapefruit Squash	I.	0.5 p.p.m. excess of lead	Manufacturer notified. Subsequent samples satisfactory.
A.5 E.3	Pork Sausages Pork Sausages	F. F.	13.8 per cent deficient in meat. 2.3 per cent deficient in meat.	Vendor cautioned.

SECTION F

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

Although the Medical Officer of Health of a Sanitary Authority is responsible for the investigation and control of outbreaks of infectious diseases in his district, a Medical Officer of Health has no statutory responsibility for the clinical diagnosis of any case of suspected infectious disease.

Under the National Health Service Act, 1946, the Borough Infectious Diseases Hospital, which received patients from Poole and East Dorset passed, on the 5th July, 1948, to the South-West Metropolitan Regional Hospital Board, and the Medical Officer of Health, Poole, as such, was no longer responsible for the administration of the hospital or the treatment of the patients admitted. The administration of the Infectious Diseases Hospital became the responsibility of the Bournemouth and East Dorset Hospital Management Committee, and the treatment of the patients the responsibility of visiting physicians appointed by the Regional Hospital Board.

Continuity of clinical care and close association of the preventive with the diagnostic and curative services in relation to infectious diseases have been preserved, to the mutual advantage of the Local Authorities and the Hospital Service.

Deaths

During 1956 there were no deaths in Poole from diphtheria, scarlet fever, whooping cough, measles, or the enteric group of fevers. Age Group incidence of certain infections, see table on page 76.

Diphtheria

For the seventh time in over 50 years not a single case of diphtheria occurred. This disease, which formerly was a grave menace to child health, has for the present disappeared from the Borough. This happy situation is largely due to the immunisation of the child population which has been assiduously practised since 1929.

Scarlet Fever

Of recent years this disease has become mild in type with few complications and the admission of cases to hospital has not been encouraged. Where, however, the facilities for home isolation are unsatisfactory, or where the case is associated with the distribution of milk or food, admission is arranged.

Poliomyelitis

This disease was made notifiable in 1912, but until 1947 its incidence was low in this country. Since 1947, however, there has been a marked increase in its prevalence and in this Poole has shared. The disease seems to follow a seasonal course, starting in late summer, reaching a maximum incidence in the autumn and thereafter falling to a low level in winter and spring.

No satisfactory explanation of the marked increase in the incidence of poliomyelitis of recent years in this country has been forthcoming, but the answer may be found among the following alternatives:

1. The loss by the community to some extent of its immunity to the indigenous virus;
2. An increase in the virulence of the "native" virus;
3. The introduction of a new strain of virus to which the community has yet to become immune.

When cases of poliomyelitis are occurring in a community the number of sub-clinical infections far exceeds the number of overt cases. It is probable that for every 100 persons infected with the virus of poliomyelitis only one shows appreciable clinical evidence of infection.

Poliomyelitis was formerly known as "infantile paralysis", but this is a misnomer, as there has in recent years been a shift in the age incidence from the under fives to the older children and young adults, in fact it is in the young adults that the majority of the dangerous and often fatal bulbo-spinal cases occur.

During 1956 there were 2 cases notified in Poole, both being non-paralytic. Age details are given on page 76.

The work of recent years has changed very considerably the older conception of poliomyelitis as being primarily a disease of the nervous system. The disease is now recognised to be an acute infectious process first involving the pharynx and intestine. After a transient phase of blood stream invasion, the infection returns to the intestine, thus providing opportunity for further spread by unclean habits.

As it were by mischance, the nervous system sometimes becomes involved in the phase of blood stream infection, and so it happens that potentially dangerous cases may go unnoticed.

For these reasons both the pharyngeal secretions in the early stages and the faeces at all times must be given due respect. The public must realise a personal responsibility in the prevention of the spread of this disease by taking care of respiratory catarrhs and ensuring that good habits of personal cleanliness are practised at all times.

Contacts of the disease should remain under observation in a "house and garden" quarantine, avoiding exertion and unnecessary contact with others.

Poliomyelitis Vaccination

309 children received two injections each during the first series of injections under the Ministry of Health scheme.

Measles

Measles became a notifiable disease in 1940, in which year there was a major outbreak in the Borough, 1,694 cases being notified. The following table indicates that this disease tends to follow a biennial rhythm:

<i>Year</i>	<i>Number of cases of measles</i>	<i>Year</i>	<i>Number of cases of measles</i>
1940	1,694	1949	1,134
1941	326	1950	82
1942	736	1951	1,469
1943	353	1952	360
1944	725	1953	1,611
1945	293	1954	14
1946	533	1955	2,037
1947	882	1956	24
1948	528		

Whooping Cough

Whooping cough was first notified in 1940. The disease tends to follow an irregular pattern as the following table shows:

<i>Year</i>	<i>Number of cases of Whooping Cough</i>	<i>Year</i>	<i>Number of cases of Whooping Cough</i>
1940	112	1949	147
1941	304	1950	449
1942	154	1951	390
1943	96	1952	136
1944	229	1953	302
1945	112	1954	136
1946	334	1955	122
1947	219	1956	62
1948	481		

Following the termination of the Medical Research Council's Whooping Cough Vaccine Trials in July 1954 arrangements were made for the immunisation of babies against whooping cough to be continued as a permanent feature of preventive work. The total number of children receiving immunisation in 1956 was 18. This does not take into account courses given by general practitioners. In addition 342 received a course of combined Diphtheria and Pertussis antigen.

Food Poisoning

Reference is made in Section E to outbreaks of Food Poisoning which occurred.

Tuberculosis

Up to the 5th July, 1948, the Medical Officer of Health of the County of Dorset was responsible for the county scheme for the diagnosis and treatment of tuberculosis. From the 5th July, the diagnosis and treatment of tuberculosis became the responsibility of the Regional Hospital Board, Chest Physicians being appointed, but the Medical Officer of Health is still responsible for taking what steps he can to prevent and control this disease and his powers and duties under the Tuberculosis Regulations are not affected.

The disease has shown an increased incidence throughout the country during the war and post-war years. The housing shortage with its unavoidable overcrowding and the shortage of hospital beds for highly infective and incurable cases have been the main contributing factors in the increased incidence. Because tuberculosis,

Section F

unlike the majority of other communicable diseases, is a slow infection which may not declare itself in an acute form for several years after the initial infection, there is a certain complacency in dealing with it as a preventible infectious disease. When the community has been taught that tuberculosis is an infectious disease which can be prevented, an educated public opinion will insist that a greater effort is made to secure its prevention.

In this connection, the fullest use should be made of the facilities offered by the Mass Radiography Units, as if this disease is detected in its early stages full recovery is more certain and the danger from undetected cases is reduced.

Facilities are provided whereby expectant and nursing mothers and their husbands can have chest X-ray examinations to eliminate possible infection of the children from an unsuspected source. Furthermore, the tuberculin testing of all school entrants is now in full operation as an additional safeguard, and B.C.G. vaccination is being offered to all scholars a year before they are due to leave school.

In the following tables, particulars are given of the position regarding the incidence of the disease in recent years.

Year	First Notifications		Formerly notified new residents		Deaths	
	Pulmonary	Other Forms	Pulmonary	Other Forms	Pulmonary	Other Forms
1925	59	18	12	1	33	6
1930	61	14	3	1	48	6
1935	47	14	12	—	52	3
1940	47	13	15	—	39	11
1945	49	11	27	2	37	5
1950	68	16	39	6	27	3
1951	62	6	36	4	18	2
1952	46	11	28	—	21	2
1953	51	9	34	1	19	1
1954	48	6	42	1	17	—
1955	55	5	35	1	10	1
1956	64	12	50	2	8	2

For the year under review, the details are as follows :—

Age Period	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
0-	—	—	—	—	—	—	—	—
1-	—	1	—	—	—	—	—	—
5-	2	2	3	3	—	—	—	—
15-	5	5	—	—	—	—	—	—
25-	7	9	—	1	—	1	—	—
35-	4	4	—	1	—	1	—	—
45-	7	3	2	1	1	—	—	—
55-	9	2	—	—	3	—	1	—
65 & upwards	2	2	1	—	2	—	—	1
Totals	36	28	6	6	6	2	1	1

Of the deaths from the respiratory form:

3 had been notified during 1944	2 had been notified during 1955
1 " " " " 1948	1 " " " " 1956
1 " " " " 1952	

YEARLY SUMMARY OF INFECTIOUS DISEASES — 1956

Disease	At all ages	Under 1 year	1-2 years	3-4 years	5-9 years	10-14 years	15-24 years	25 and over	Age Unknown
Measles	24	—	9	5	6	—	6	—	—
Whooping Cough ...	62	7	13	14	27	1	—	—	—
Scarlet Fever ...	11	—	—	2	7	2	—	—	—
Poliomyelitis (N.P.) ...	2	—	—	—	—	1	1	—	—
Opthalmia Neonatorum	2	2	—	—	—	—	—	—	—
Meningococcal Infection	3	1	—	—	1	1	—	—	—
Dysentery	44	—	3	7	11	4	5	14	—
		Under 5 years	5-14 years	15-44 years	45-64 years	65 and over		Age Unknown	
Acute Pneumonia ...	24	1	4	4	8	7		—	—
Erysipelas ...	3	—	—	—	2	1		—	—
Puerperal Pyrexia ...	27	—	—	—	—	—		27	—
Food Poisoning ...	3	—	2	1	—	—		—	—
Malaria	2	—	—	2	—	—		—	—
TOTAL	207								

BOROUGH OF POOLE

ANNUAL REPORT

of the

Port Medical Officer

On the Health of the Port of Poole

FOR THE YEAR

1956

PART II

PUBLIC HEALTH COMMITTEE, 1956 (acting as Port Health Authority)

Chairman:

Alderman D. A. HAYNES, J.P.

Vice-Chairman:

Councillor F. V. CRAWSHAW

Aldermen:

S. D. BALLAM
G. BRAVERY

J. BRIGHT, J.P.
A. B. HAYNES, J.P.

Councillors:

R. BILLET
Mrs. J. D. COLES
R. C. HART
Mrs. E. M. HICKINSON, J.P.

L. J. MATCHAN
S. D. POLLARD
S. J. STOUT
Mrs. A. WILLIS

OFFICERS OF THE AUTHORITY

Clerk to the Port Health Authority:

WILSON KENYON, Town Clerk — Died 20.7.56
J. G. HILLIER „ „ — Appointed 4.9.56

Medical Officer of Health:

JAMES HUTTON, M.D., D.P.H.

Deputy Medical Officer of Health:

D. S. PARKEN, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

Port Health Inspector:

ROBERT LEGGAT, F.S.I.A.

Deputy Port Health Inspector:

C. A. TRIM, Cert. R.S.I.

Rodent Officer:

G. W. SKEGGS

Office Clerk:

MRS. B. BURCHETT

PREFACE

To the Chairman and Members of the Public Health Committee, acting for the Port Health Authority.

I submit for your information and consideration my Annual Report as Port Medical Officer of Health for the year 1956.

The report is made in accordance with Article 17 (5) of the Sanitary Officers (outside London) Regulations 1935 and 1951. As a result of the Public Health (Ships) Regulations, 1952, the Minister of Health has reviewed the form and the scope of the Annual Reports of Medical Officers of Health and in Port Form 20 enclosed with Circular 33/52 dated 6th November, 1952, he prescribes the form and sequence which the reports should follow.

One requirement of the Minister is that the information required by Sections I, V, VI, VIII, XIV, XV and XVI (all marked with asterisk) need only be given in full every fifth year and for the intermediate years only the changes which have occurred during the year covered by the report need be included. The full information required in these sections is set out in the annual report for 1955 and therefore this year only changes are recorded.

In presenting this report I have pleasure in taking the opportunity of expressing my thanks to the Harbour Master, Captain C. H. Horn, and the Officers of H.M. Customs for their ready co-operation and help during the year, and to the Port Health Inspector, Mr. R. Leggat and his Deputy, Mr. C. A. Trim, for their willing assistance and interest in the work.

Yours faithfully,

JAMES HUTTON,

Port Medical Officer of Health.

February, 1957

THE PORT OF POOLE

Constitution of the Port Health Authority

By an order of the Local Government Board dated 21st September, 1887, and an amending order dated 27th February, 1909, a Port Sanitary Authority was constituted to exercise the powers and functions assigned by the Order.

The style "Port Sanitary Authority" was changed to "Port Health Authority" in 1936.

The Port Health Authority is the Mayor, Aldermen and Burgesses of the Borough, acting by the Council.

Limits of Jurisdiction

The present limits of jurisdiction were fixed in 1909, as follows:

"The jurisdiction of the said Port Sanitary Authority shall extend to all that part of the said Port of Poole aforesaid which lies to landward of a line drawn from the seaward extremity of the eastern boundary of the Borough of Poole to the seaward extremity of the headland known as Standfast Point; together with the waters of the said part of the Port and all docks, basins, harbours, creeks, rivers, channels, roads, bays and streams within that part of the said Port, and the place or places which may from time to time be appointed as the Customs Boarding Station or Stations for that part of the said Port, and the place or places for the time being appointed for the mooring or anchoring of ships for the said part of the said Port under any regulations for the prevention of the spread of diseases issued under the authority of the Statutes in that behalf, and for the purposes of any such Regulations as aforesaid, shall also extend to any ship which in pursuance thereof, or of any directions given thereunder shall be moored or anchored at the place appointed thereunder as aforesaid, or which shall be on its way thither."

Port Facilities

Poole is chiefly a cargo port, the majority of the vessels being engaged in the coastal transport of coal, oil and petrol, though there is also a regular traffic in timber from continental countries. During the summer the port is the base for pleasure steamers operating between the local seaside resorts, but this is the only passenger traffic. Fishing is still carried on from the port, though only during the sprat season are landings heavy. The harbour is one of the great yachting centres of Britain, and the building, servicing and repair of yachts and other boats is one of the industries of the port.

The public quay accommodation consists of 3,000 feet frontage, i.e.:

Hamworthy Quay	500 feet at 15ft low water ordinary tide
Town Quay	1000 feet at 16ft. „ „ „ „
	1000 feet at 15 to 10ft. „ „ „
	500 feet shallow berthing (for yachts).

There are also some 3,500 feet of private wharves, including 1,000 feet of wharfing constructed in 1950 by the Central Electricity Authority for the power station at Hamworthy. All the public quays are serviced by railways. Unloading equipment consists of two 3-ton electric travelling cranes belonging to the Harbour Commissioners and four electric cranes and two steam cranes belonging to private firms. There are, in addition, two privately-owned coal transporters each capable of dealing with between 1,000 and 1,200 tons of coal per day. Ship repairing facilities include seven yards capable of carrying out repairs to ships and yachts.

There is in the harbour an extensive area of safe anchorage. The depth of the water at the Harbour Bar is 13 feet at mean low water springs and 19 feet at mean high water springs and both flood and ebb tides run at about $\frac{3}{4}$ of a knot. The channels are kept dredged and ships drawing 16 feet can enter the Port at high tides.

The telegraphic address of the Port Health Authority is registered as "Portelth Poole".

Address and telephone number of Medical Officer of Health:—

Office: Public Health Department,
Municipal Buildings, Poole.
Poole 393.

Home: 23 Pearce Avenue,
Parkstone, Poole.
Parkstone 4140.

***I. Staff**

The only change in the staff of the Port Health Authority was due to the death of the Clerk, Wilson Kenyon, Solicitor and Town Clerk, Borough of Poole. Mr. Kenyon died on the 20th July, 1956 and was succeeded by J. C. Hillier, Solicitor, Town Clerk, Borough of Poole, date of appointment 4th September, 1956.

II. Amount of Shipping Entering the Port During the Year

Table B

Ships from	Number	Tonnage	Number Inspected		Number of Ships reported as having had, during the voyage, infectious disease on board
			By the Medical Officer of Health	By the Port Health Inspector	
Foreign Ports	†300	155,165	6	120	Nil
Coastwise ...	1,066	394,854	—	102	Nil
Total ...	1,366	550,019.	6	222	Nil

† Does not include yachts.

III. Character of Shipping and Trade During the Year

Table C

Passenger Traffic

Number of passengers INWARDS — Nil
Number of passengers OUTWARDS — Nil

Cargo Traffic

Principal IMPORTS—Timber, coal, grain, crushed oyster shell, fertilisers.
Principal EXPORTS—Barley, ball clay, coke, breeze.

Principal ports from which ships arrive

Rouen, Rotterdam, Antwerp.
Timber from Scandinavian and Baltic ports.

IV. Inland Barge Traffic

There is no inland barge traffic in the port.

***V. Water Supply**

I. Source of supply for the district and shipping.

The water supply for the port and shipping is that from the town mains provided by the Poole Waterworks Undertaking from hydrants on the quays. It is a softened, filtered and chlorinated water of high bacterial purity.

2. Reports of tests for contamination.

The supply was sampled every two or three days throughout the year and every sample was reported as "Class I—highly satisfactory". In addition 21 samples of the water supply were taken direct from the hydrants on the quays and all were reported as "Class I".

15 samples of water supplies on ships using the port regularly were taken during the year for bacteriological examination. 13 were reported as "Class I" and two as "Class 2". In the latter cases the ship's tanks were cleaned and disinfected and subsequent samples were satisfactory.

3. Precautions taken against contamination of hydrants and hosepipes.

Hydrants and hoses are cleansed and flushed and connections disinfected regularly by the Waterworks Undertaking and instructions have been issued that all hydrants and hoses must be cleansed and flushed before each use. All hydrants on the quays are in underground boxes. The Medical Inspector of the Ministry of Health, on his last visit to the Port, suggested that these be replaced by pillar or stand pipe hydrants. Representations to this effect have been made to the Poole Water Undertaking on a number of occasions but without success.

4. Number and sanitary condition of water boats, and power of control by the Authority.

One small private water boat was in use in the harbour during the early part of the year but was withdrawn before the end of the summer. During the period in which it was in operation samples of the water were satisfactory to bacteriological examination.

***VI. Public Health (Ships) Regulations, 1952**

No change.

VII. Smallpox

1. Name of Isolation Hospital to which smallpox cases are sent from the district.

Crabwood Smallpox Hospital, Nr. Winchester, Hants.

2. Arrangements for transport of such cases to that hospital.

Transport of smallpox cases would be carried out by the Ambulance Service of the Dorset County Council operating from the Poole Ambulance Depot.

The vaccinal state of the 14 ambulance personnel at this depot is that 2 were last vaccinated in 1955, 7 in 1953, 2 in 1952, one is excused further vaccination, one has refused vaccination, and one has recently joined the staff and will be vaccinated shortly.

- 3. Names of smallpox consultants available.
Dr. George Chesney, Poole.
- 4. Facilities for laboratory diagnosis of smallpox.

Suspected material is sent to :

Dr. F. O. McCallum,
Virus Reference Laboratory,
Central Public Health Laboratory,
Colindale, London, N.W.9.
Tel. No. Colindale 6041.

***VIII. Venereal Disease**

Facilities for diagnosis and treatment for seamen suffering from Venereal Diseases are provided at two clinics as follows:

- Poole General Hospital, Longfleet Road, Poole—
Tuesdays and Fridays 5.0 p.m.
- Royal Victoria Hospital, Shelley Road, Boscombe—
Wednesdays and Saturdays 4.30 p.m.

During inspections of ships inquiries are made as to the presence of veneral disease among seamen and information as to the facilities available for treatment are given to the persons concerned. Printed cards are available for this purpose and display notices are also exhibited in the vicinity of the Port.

IX. Cases of Notifiable and other Infectious Diseases on Ships.

Table D

Category	Disease	Number of cases during the year		Number of ships concerned
		Passengers	Crew	
Cases landed from ships from foreign ports	Nil	Nil	Nil	Nil
Cases which have occurred on ships from foreign ports but have been disposed of before arrival	Nil	Nil	Nil	Nil
Cases landed from other ships	Nil	Nil	Nil	Nil

X. Observations on the occurrence of Malaria in Ships
None.

XI. Measures taken against Ships infected with or suspected for Plague
None necessary.

XII. Measures against Rodents in Ships from Foreign Ports

Poole is a "Designated Approved Port" for the issue of Deratting Certificates and Deratting Exemption Certificates in accordance with Article 17 of the International Sanitary Regulations, 1951, and Articles 19, 20 and 21 of the Port Health (Ships) Regulations, 1952 are enforced in the Port. Both the Port Health Inspector and the Deputy Port Health Inspector have been trained in deratisation procedure.

1. During routine inspections of ships by the Port Health Inspectors, masters and crew are interrogated as to the presence of rats and the ship in general and the crew's quarters in particular are examined for evidence of infestation. Where evidence is found or suspected a detailed search of the ship (including the holds) is made by the Rodent Officer who endeavours to secure one or more rats for bacteriological and pathological examination. Whenever a Deratting or Deratting Exemption Certificate is found to be out of date, or a certificate is needed, a detailed inspection and search of the ship is carried out jointly by the Port Health Inspector and the Rodent Officer before a certificate is issued or renewed. A similar procedure is adopted before the issue or renewal of Rodent Control Certificates for coastal ships.
2. Bacteriological and pathological examinations of rodents are carried out by the Public Health Laboratory, Bournemouth, (Director G. J. G. King, M.B., B.Ch.). In no instance were rats found on a ship inspected in the port during the year.
3. Small infestations of rats on ships are dealt with directly by the Rodent Officer, using standard trapping and baiting methods. Major infestations requiring large scale fumigations are carried out by any one of the commercial contractors on the Authority's list, the arrangements being made direct by the owners or agents.
4. Every effort is made by the Port Health Inspectors to secure improvement in the rat-proofing of ships where harbourage is found on inspection but, except in the cases of those ships based on the Port, very few opportunities arise for improvement of structures owing to the very short stay in port of the ships.

Table E

Rodents destroyed during the year in ships from foreign ports

Category	Number
Black rats	Nil
Brown rats	Nil
Species not known	Nil
Sent for examination	Nil
Infected with Plague	Nil

The number of rats destroyed during the year in warehouses, etc., on the Quays was 160.

Table F

Deratting Certificates and Deratting Exemption Certificates issued during the year for Ships from Foreign Ports

No. of Deratting Certificates Issued						Number of Deratting Exemption Certificates Issued 6	Total Certificates Issued 7
After fumigation with		After Trapping 3	After Poisoning 4	Total 5			
H.C.N.	Other Fumigant (State Method) 2						
1							
Nil		Nil	Nil	Nil		27	27

Rodent Control Certificates

One Rodent Control Certificate was issued during the year.

XIII. Inspection of Ships for Nuisances

Table G
Inspection and Notices

Nature and number of Inspections	Notices Served		Result of Serving Notices
	Statutory Notices	Other Notices	
Routine Inspections	—	13	Abated, 6; Outstanding when ship left, 7.
Re-inspections	—	—	—
Re water supplies	—	—	—
Infectious Diseases	—	—	—
Searches by Rodent Officer	—	—	—
Total	—	13	—

***XIV. Public Health (Shell Fish) Regulations, 1934 and 1948**

Shell-fishing is carried on commercially in the harbour on a small scale. In the past takings have been mainly of cockles, with some periwinkles and whelks. Cockles are chiefly obtained in commercial quantities from the southern and western parts of the harbour, areas which routine sampling over the past seven years has shewn to be free from serious pollution. On the other hand, members of the general public frequently gather cockles from the developed and more built-up northern and eastern shores of the harbour where occasional pollution is more likely during periods of heavy rainfall owing to the presence of several sewer storm-water overflows.

Efforts are now being made by the Ministry of Agriculture, Fisheries and Food Experimental Station to resuscitate the cultivation and commercial fishing of mussels in the harbour. With the co-operation of Dr. Cole and Mr. Wood of the Experimental Station, a mussel cleansing tank has been constructed on the shore at Hamworthy for the purification of mussels from the harbour. So far the tank has opened only on an experimental basis, but the results of samples taken for bacteriological examination during trial runs have been satisfactory. Another plant for the heat treatment and pickling of cooked mussels has been opened in the area and has been operating on a small commercial scale. A series of samples taken to check the efficiency of this plant were all satisfactory on bacteriological examination.

Mussels are gross feeders and some of the largest beds are situated in the eastern area of the harbour which may be liable to pollution from the discharge of sewage into Poole Bay. No prohibited area has been prescribed in the harbour but observation and sampling is being maintained to determine the extent of pollution involved. At the same time it is hoped that arrangements will soon be made with the Southern Sea Fisheries Committee to exclude the eastern end of the harbour from any licences granted for commercial dredging for mussels except for the purpose of relaying, cleansing or heat treatment.

Since 1951, the Ministry of Agriculture, Fisheries and Food Experimental Station and the Poole Technical Group have been cultivating experimentally several beds of oysters but so far only small quantities of these have been sold after bacteriological examination.

An order of the Southern Sea Fisheries Committee prohibits the dredging of oysters from the harbour except under a licence from the Committee and this only after purification by relaying in prescribed areas.

**Results of bacteriological examination of Shellfish
obtained from Poole Harbour in 1956**

Shellfish	No. of Samples	Class I Satisfactory		Class II Suspicious	Class III Unsatisfactory
		0. faecal coli per 1 ml. of shellfish	1-5 faecal coli per 1 ml. of shellfish	6-14 faecal coli per 1 ml. of shellfish	15 or over faecal coli per 1 ml. of shellfish
Cockles	46	34	10	1	1
Mussels	26	16	5	5	—
Total	72	50	15	6	1

***XV. Medical Inspection of Aliens**

Not applicable.

***XVI. Miscellaneous**

Arrangements for the burial on shore of persons who have died on board ship from infectious disease.

The Town Mortuary is available near the Quay and no difficulty would arise in arranging burial in one of the Local Authority Cemeteries.

Pollution of the Harbour

The waters of Poole Harbour are subject to some degree of sewage pollution from a number of sources. Probably the principal source is the discharge into Poole Bay of the sewage of the three towns situated on the shores of the bay, but the extent to which this affects the waters of the harbour has not been determined. However, the three towns now appear to be committed to sewerage schemes which will ultimately result in the diversion of the sewage of their areas away from the sea front for treatment elsewhere. The first stages of the Poole and Bournemouth schemes are already under construction.

During the past three or four years the condition of the sewage effluents being discharged into Holes Bay from sewage disposal works in the area has given rise to considerable anxiety, but the first stage of the new sewage disposal works at Broadstone is now nearing completion and when this is in operation a very considerable improvement in the position can be expected.

A number of other sources of pollution are known or suspected and a committee of technical officers of the Poole Borough and Port Health Authority, the Poole Harbour Board and the Southern Sea Fisheries Committee has been formed to investigate these. Already, as a result of the activities of this committee, a number of sources of pollution have been eliminated and others are under investigation.

ANNUAL REPORT

to the

Committee for Education

on the

SCHOOL HEALTH SERVICE

in the

BOROUGH OF POOLE

FOR THE YEAR

1956

PART III

SCHOOL HEALTH SERVICE

Report of the Area School Medical Officer for the year 1956

COMMITTEE FOR EDUCATION, 1956

Chairman: Alderman W. D. SIMMONDS, O.B.E.

Vice-Chairman: Councillor T. W. SHERRIN, M.B.E.

His Worship the Mayor: Councillor C. W. WELLS

Aldermen:

S. D. BALLAM
D. A. HAYNES, J.P.
A. J. H. PEARCE

J. BRIGHT, J.P.
E. A. R. HEBLEY

Councillors:

Miss J. M. BISGOOD
Mrs. D. J. COLES
Mrs. K. G. FARNFIELD
Mrs. E. M. HICKINSON, J.P.
L. MATCHAN
S. J. STOUT

G. S. BROWN, J.P.
L. F. CULL
R. HANN
A. LLOYD-ALLEN, J.P.
L. ROSE
Mrs. A. WILLIS

County Council Members:

Cdr. R. H. BAKER, R.N.
Mr. R. E. CHISMAN, J.P.

Mrs. M. CHAMPION, M.A.
Mr. T. H. SUTTON, J.P.

Co-opted Members:

The Rev. Canon G. D. ARCHER, B.A.
The Rev. W. DICKINSON
Mr. E. J. HERRING
Mr. N. J. CLEAVE

The Very Rev. Canon M. J. COUGHLAN
Mr. J. C. AIREY, M.C.
Mr. C. L. HARTNELL

STAFF

Medical:

James Hutton, M.D., D.P.H.
D. S. Parken, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H.,
D.P.H.
H. C. Williamson, M.B., B.Ch., B.A.O., D.P.H.
Kathleen M. Cairns, M.B., B.S., M.R.C.S., L.R.C.P.

Dental:

W. K. Rimmer, L.D.S., D.D.S.
C. E. Thomas, L.D.S., R.C.S.
J. M. Sullivan, L.D.S., R.C.S. (Resigned 5.3.56)
A. V. Yates, L.D.S. (Appointed 25.6.56)

School Nurses (Health Visitors): Miss M. M. Kingsbury, S.R.N., S.C.M., H.V.C.
(Superintendent Health Visitor and School Nurse)
Miss H. Brooks, S.R.N., S.C.M., H.V.C.
Miss C. Cowley, S.R.N., S.C.M., H.V.C.
Mrs. V. M. Hall, S.R.N., S.C.M., H.V.C.
Miss M. Kelly, S.R.N., S.C.M., H.V.C.
(Appointed 2.8.56)
Miss I. Koster, S.R.N., S.C.M., H.V.C.
Miss V. Kusel, S.R.N., S.C.M., H.V.C.
Miss L. B. Lever, S.R.N., S.C.M., H.V.C.
(Retired 30.8.56)
Miss M. C. Limmer, S.R.N., S.C.M., H.V.C.
(Appointed 1.9.56)
Mrs. V. Narbett, S.R.N., S.C.M., H.V.C.
Miss M. Phillips, S.R.N., S.C.M., H.V.C.
Miss I. Pittock, S.R.N., S.C.M., H.V.C.
(Appointed 1.6.56)
Mrs. M. Stapley, S.R.N., S.C.M., H.V.C.

Dental Attendants:

Miss J. E. Allen
Miss G. Forrest
Mrs. E. T. Mattinson

Clerks:

Mr. B. J. Fentiman (Chief Clerk)
(Appointed 1.5.56)
Mr. C. A. Fox
Miss P. E. A. Giles
Miss J. Beardsell (Part-time)

Medical Auxiliaries

Speech Therapist:

Miss S. M. Darbourne, L.C.S.T.

Oral Hygienist:

Mrs. M. Norman (Appointed 19.3.56)

Psychiatric Social Worker:

Miss A. D. Filliter

Consultant Services

These services are provided by the South West Metropolitan Regional Hospital Board in the local hospitals or in clinics.

SCHOOLS

Primary Schools

There are in the Borough 18 Primary Schools, of which 13, comprising 16 departments, are County Primary Schools provided and maintained by the Local Education Authority and 5 are Voluntary Primary Schools, of which 3, comprising 6 departments, are provided by the Church of England and 2 by the Roman Catholic Church.

Secondary Modern Schools

There are 5 Secondary Modern Schools in the Borough.

Grammar Schools

There are 2 Grammar Schools in the Borough — Poole Grammar (Boys) and Parkstone Grammar (Girls).

Private Schools

There are 19 Private Schools in the Borough.

Private schools do not come within the scope of the School Health Service, but under Section 78 of the Education Act of 1944 a Local Education Authority may make arrangements with the proprietor of such a school for the provision of certain ancillary services, including medical inspection and treatment.

The Local Education Authority have not taken action under this section.

Accommodation

	Average Number on Roll during 1956	Average attendance	Percentage attendance
Grammar Schools ...	1,321	1,265	95.8
Secondary Modern Schools	2,916	2,710	92.9
Primary Schools ...	7,699	7,036	91.4
Totals	<u>11,936</u>	<u>11,011</u>	<u>92.2</u>

LIAISON WITH HOSPITAL AND GENERAL PRACTITIONER SERVICES

No difficulty, or undue delay, is experienced in arranging appointments at the Poole General Hospital with the consultants in the various specialities. Weekly lists of school children discharged are received from both the General and the Infectious Diseases Hospital.

This information, invaluable in future follow-up and routine examinations, is recorded on the Main School Medical Record Card, thus contributing to the maintenance of a complete medical history.

The close liaison existing between the Health Department and the local Infectious Diseases Hospital, with the resultant early notification of cases of infectious diseases admitted to hospital, facilitates the work of the School Medical Officer in investigation, prevention and control of infectious diseases in schools.

An excellent relationship exists between the local general practitioners and the School Health Service. The family doctor is fully informed of all relevant matters arising during a school medical examination, e.g. defects which the School Medical Officer considers require specialist's opinion. In such cases the family doctor is given the option of either taking personal action or leaving the examining Medical Officer to make arrangements with the appropriate specialist. The general practitioners, in increasing numbers, have chosen to leave arrangements to the School Medical Officer provided they are "kept in the picture". They are fully informed and supplied with copies of reports received from the hospital. This arrangement seems to work smoothly and satisfactorily. Treatment, domiciliary or other, of acute diseases or other illnesses not requiring specialist treatment, is the responsibility of the general practitioner, and in such cases the parents are advised to see their own family doctor.

THE WORK OF THE SCHOOL HEALTH SERVICE

The work of the School Health Service may be summarised as follows:

- (1) Routine and special inspection and re-inspection.
- (2) Examination of children for fitness for part-time employment.
- (3) Class by class inspection by the school nurses.
- (4) Minor ailment clinics.
- (5) Special clinics.
- (6) Ascertainment and classification of handicapped pupils.
- (7) Investigation and control of infectious disease.
- (8) Diphtheria immunisation.
- (9) Dental inspection and treatment.
- (10) Hygiene and sanitation of school premises, including school kitchens and canteens.

MEDICAL AND DENTAL INSPECTION

The School Health Service and Handicapped Pupils Regulations, 1953, Section 10, state that the arrangements made for the medical (including dental) inspection of pupils attending schools maintained by the Authority shall ensure :

1. (a) a general medical inspection of every pupil on not less than three occasions at appropriate intervals during the period of his compulsory school age and other medical inspections of any pupil on such occasions as may be necessary or desirable:

Provided that there may be fewer than three general inspections for any pupil who attends schools maintained by the Authority for less than the period of his compulsory school age or, if the Minister approves, for all pupils :

- (b) a dental inspection of every pupil who is admitted for the first time to a maintained school as soon as possible after admission and on such later occasions as may be practicable and necessary ; and
 - (c) that the attention paid to the general health and welfare of any pupil who is suffering from a disability of mind or body shall include particular attention to his disability.
2. So far as practicable, the parent of every day pupil shall be given the opportunity of being present at any general medical inspection and first dental inspection of his child.

Routine medical examinations are carried out in Poole as follows :

- (a) As soon as possible after entry to a Primary School,
 - (b) During the last year at a Primary School.
 - (c) During the term before the term in which the child is due to leave school.

If, at a school medical examination, a child is found to be suffering from a defect, the parent is advised or the child is referred for treatment to the family doctor, the appropriate clinic or hospital.

A child who has been found, at routine inspection, to be suffering from a defect is re-examined at intervals. Other "special" examinations are carried out at the request of the parent, the teacher or the school nurse. Such examinations may be carried out at a routine inspection or at an inspection arranged for that purpose.

Medical Records

Records of all children attending maintained schools in the Borough are centralised in the School Health Section of the Health Department, with the exception of those for children attending the three Hamworthy Schools, which are kept at the Hamworthy Clinic. This facilitates arrangements for medical inspection and follow-up and for the maintenance of complete medical histories from the information which is continually reaching the Section from Consultants, Hospitals, Clinics, etc.

Dental Records

These are filed at the appropriate surgeries for ease of reference and maintenance.

Result of Medical Inspection

During 1956, 4,121 children were examined at routine medical inspections. Of these, 1,269 were entrants, 1,580 were in the intermediate age group and 1,138 were "leavers".

Of the 4,121 children examined, 1,599 were found to have defects requiring treatment (excluding defective nutrition, verminous conditions and dental caries.).

In addition, 1,625 inspections and 2,326 re-examinations were carried out during the year.

General Condition

Two categories are used in the classification of a child's general condition:

S — Satisfactory

U — Unsatisfactory.

The child's category is decided not only on a nutritional basis but also according to the presence or absence of defects. The figures for 1956 are as follows:

Age Groups Inspected	Number of Pupils Inspected	Satisfactory		Unsatisfactory	
		No.	% of Col. (2)	No.	% of Col. (2)
(1)	(2)	(3)	(4)	(5)	(6)
Entrant	1,269	1,229	96.85	40	3.15
Intermediate	1,580	1,525	96.52	55	3.48
Leavers	1,138	1,121	98.51	17	1.49
Additional Periodic Inspections	134	129	96.27	5	3.73
TOTAL	4,121	4,004	97.16	117	2.84

Defects found at School Medical Inspections

	Periodic Inspections				TOTAL (including all other age groups inspected)		Special Inspections	
	Entrants		Leavers					
	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation
Skin ...	30	3	28	—	105	9	46	9
Eyes — (a) Vision ...	39	50	141	18	370	104	110	20
(b) Squint ...	34	2	9	1	78	4	3	—
(c) Other ...	8	9	8	3	34	36	111	4
Ears — (a) Hearing ...	8	37	9	8	26	54	11	4
(b) Otitis Media ...	13	5	1	—	22	10	—	—
(c) Other ...	27	32	1	2	35	34	36	2
Nose and Throat ...	91	125	22	7	181	206	46	9
Speech ...	19	60	8	5	40	84	238	218
Lymphatic Glands ...	6	31	1	2	12	45	6	2
Heart ...	13	13	3	5	29	35	1	1
Lungs ...	33	28	15	8	65	56	—	—
Developmental — (a) Hernia ...	7	13	—	1	9	17	—	—
(b) Other ...	11	10	4	4	19	38	2	—
Orthopaedic — (a) Posture ...	29	9	37	—	142	13	11	12
(b) Feet ...	100	13	62	2	410	23	13	—
(c) Other ...	69	26	55	5	222	44	90	15
Nervous system — (a) Epilepsy ...	2	3	2	—	13	7	1	1
(b) Other ...	1	—	—	—	3	5	4	—
Psychological — (a) Development ...	1	8	1	1	4	20	41	33
(b) Stability ...	15	21	2	3	36	41	15	1
Abdomen ...	6	7	1	1	18	13	—	—
Other ...	30	9	24	6	138	31	238	65

PART-TIME EMPLOYMENT OF SCHOOL CHILDREN

A Local Education Authority has power, under Section 59 of the Education Act, 1944, to prohibit or restrict the employment of a school child if it is considered that such employment would be prejudicial to his health or would otherwise render him unfit to derive full benefit from his education.

During 1956, 138 children were examined for fitness for employment and a certificate of fitness was issued in each case.

In addition 14 children were examined for fitness to be employed in entertainments and a certificate of fitness issued in each case.

The school medical officers have found there is no adverse effect on these children's health by being employed within the limits allowed by the Bye-Laws.

CLASS BY CLASS INSPECTION

At routine medical inspections, parents usually attempt to present their children in as clean a state as possible so that the presence of verminous conditions may easily be overlooked. Rapid general surveys are made periodically by the School Nurses with the object of detecting verminous conditions and the presence of infectious and contagious diseases.

During these rapid surveys 25,218 individual examinations were carried out. Children found to be suffering from infectious or contagious conditions or any other condition requiring medical attention were referred to the school clinic or the family doctor. 101 children were found to be infested with head lice and arrangements were made for their treatment at home, at a minor ailment clinic, or, in severe or persistent cases, at the special cleansing centre.

The standard to which the school nurses are instructed to adhere in these inspections is high. If a child has one nit, that is regarded as a case of infestation and is recorded. The finding of even one nit is evidence that a head louse has been present.

MINOR AILMENT CLINICS

As a rule complaints of a minor nature only are treated at the minor ailment clinics. Children who require treatment outside the scope of the clinic are referred to their family doctor, the appropriate special clinic or to the general hospital.

Minor Ailment Clinics are held as indicated in Section B, page 20.

Attendances at Minor Ailment Clinics in 1956 were as follows :—

				No. of children	No. of attendances
(1)	Old Town	...	...	45	192
(2)	Branksome	...	...	250	343
(3)	Hamworthy	...	...	164	621
(4)	Henry Harbin	...	...	28	52
(5)	Broadstone	...	...	76	151
(6)	Kemp Welch	...	...	122	220
(7)	Trinidad	...	...	36	125
(8)	Sylvan	...	...	43	152
				<hr/> 764	<hr/> 1856

The following is a summary of defects found in children attending Minor Ailment Clinics during the year :—

Skin	...	...	...	...	...	38
Eyes (a)	Vision	...	...	...	...	98
	(b) Squint	...	...	...	...	2
	(c) Other	...	...	...	...	176
Ears (a)	Hearing	...	...	...	...	6
	(b) Otitis Media	...	...	...	...	—
	(c) Other	...	...	...	...	35
Nose or Throat	...	...	...	...	...	48
Speech	...	...	...	...	...	12
Cervical Glands	...	...	...	...	...	5
Heart and Circulation	...	...	...	...	...	—
Orthopaedic (a)	Posture	...	...	...	...	—
	(b) Flat foot	...	...	...	...	2
	(c) Other	...	...	...	...	65
Psychological (a)	Development	...	...	...	...	—
	(b) Stability	...	...	...	...	6
Other	...	...	...	...	...	502
						<hr/>
				TOTAL	...	995
						<hr/>

REMEDIAL EXERCISES

Remedial work in the Poole schools continues and the teachers responsible for taking the classes are most conscientious in this matter. The work during the year has been the routine supervision of classes and advice to teachers on special exercises.

A meeting was held in July and was attended by Head Teachers, and remedial teachers, together with representatives of the Health Department, to discuss the organisation and administration of classes. A record card system has been introduced to enable remedial teachers to keep an adequate note of children's progress.

St. Aldhelm's and Oakdale Primary Schools are now the only schools in the Borough with no remedial classes.

ASTHMA CLINIC

This weekly session at the Burlea Towers Clinic continues. Some twenty-three children were seen during the year and fifteen were discharged.

H. M. SEBESTYEN.

SPECIAL CLINICS

During 1956 special clinics were held as follows:

Ophthalmic Clinic

Hambro House, Church Path,
Poole

Monday and Tuesday at 9.15 a.m.
Wednesday at 2 p.m.

Orthoptic Clinic

Hambro House, Church Path,
Poole

Monday and Tuesday at 9.15 a.m.
and 2 p.m. Wednesday and
Thursday at 9.15 a.m.

Child Guidance Clinic

Burlea Towers,
55 Parkstone Road, Poole

Tuesday and Thursday at 2 p.m.
Wednesday at 9.15 a.m.

Speech Clinic

Herbert Carter School,
Blandford Road, Hamworthy.
Burlea Towers,
55 Parkstone Road, Poole

Thursday at 10 a.m.

Monday at 10 a.m. and 2 p.m.
Friday at 10 a.m. and 2 p.m.

Asthma Clinic

Burlea Towers,
55 Parkstone Road, Poole

Thursday at 2 p.m.

OPHTHALMIC AND ORTHOPTIC CLINICS

RICHARD BOWES, M.B., B.S., D.O.M.S., *Ophthalmic Specialist.*

The number of children seen at the Eye Clinic during the year was 1,440. These figures are approximately the same as last year and include cases from districts outside Poole seen for the Dorset County Council.

Spectacles were prescribed or lenses changed in existing spectacles in 710 cases, and there were 344 new cases.

76 new cases were referred to the Orthoptic Clinic and 1,278 old cases attended. The waiting list for treatments has been substantially reduced.

CHILD GUIDANCE CLINIC

The new Child Guidance premises at Burlea Towers came into use in September 1955. Now for the first time we have had a complete year during which we have been able to work in satisfactory premises and have our own equipment around us. There are separate rooms for the Psychiatric Social Worker, Educational Psychologist and Psychiatrist, a pleasant waiting room and separate office for records. The fact that these rooms are our own and are available at any time has made it possible to develop the work very considerably in the Poole Area. The Psychiatric Social Worker is now able to work with mothers in surroundings which encourage confidence and co-operation. She can also work to a more fluid time-table than was previously possible, and so make better use of her time. We have been able to arrange an extra psychiatric session and it has become possible for the Educational Psychologist to build-up again the remedial teaching work which had fallen into abeyance owing to the lack of suitable premises.

Over the year we have seen 180 Poole children at the Child Guidance Clinic. This is 10 more than last year and 56 more than two years ago. Of these 70 were new cases and the rest were carried forward from the previous year. We have been able to close 55 cases. Of these, 50 per cent are children on whom diagnosis and advice to the referring agency was all that was needed, and a further 25 per cent were closed as satisfactory or improved after treatment. This year we have had a high number of children who have moved from the area before treatment was complete; where necessary, arrangements are made for treatment to be continued at the Child Guidance Clinic in the area to which they move.

The position for diagnostic interviews remains very good and there were only seven children waiting preliminary investigation at the end of the year, although 17 more were still under investigation, mainly waiting psychiatric interview.

Since we have been in satisfactory premises we have been able to take on more children for regular psychotherapy and have been able to absorb most of the treatment waiting list. 29 children have received intensive psychotherapy during the year from the Psychiatrist,

compared with 20 last year. Of these 11 have now finished treatment owing to satisfactory adjustment. Among the new children whose investigation has been completed 24 per cent are considered to need intensive psychotherapy and a further 42 per cent need more superficial treatment.

Shortage of Psychiatric Social Worker time is still the biggest problem, as one Psychiatric Social Worker has to cover the whole of the County of Dorset as well as Poole. This means that although treatment is adequate for those children needing psychotherapy, we cannot do anything like enough for those parents who need help in sorting out the less serious problems and we are unable to do any of the real prophylactic work which the Ministry of Education Report on Maladjusted Children has stressed is so important. This is bound to mean that some children who could be helped in the early stages, will deteriorate and will then need time consuming psychotherapy or even residential placement. Until we can have a full-time Psychiatric Social Worker based on Poole, and not having to cover all the work for the whole County Area, it will be impossible to improve on the present position.

Throughout the year we have again been helped by the interest and co-operation of school medical officers, general practitioners, teachers, other social workers and administrative staff, who I should like to thank.

Below are given the details of new children seen during 1956 who live in the Borough of Poole. It must be borne in mind that this same clinic is also extensively used for children from the surrounding County Area who travel in from Swanage, Wareham, Ferndown, etc., and sometimes even from as far as Shaftesbury, as this is the only Child Guidance Centre in the east of the county.

As no figures were published in last year's Report, those for 1955 are now given for comparison.

W. H. WHILES.

Child Guidance Service, 1956

				1956	1955
Total number of children seen during 1956	...	...	...	180	170
Carried forward from 1955	...	...	...	110	108
New children seen during 1956	...	...	...	70	62
Children awaiting investigation on 31.12.56	...	...	...	7	2
Cases closed during 1956	...	...	...	55	60
Total number of children under observation or treatment on 31.12.56	...	...	...	125	110

Analysis of New Cases Investigated during 1956

<i>Sources of referral of new cases</i>	1956	1955
School medical officers	26	13
General Practitioners and Hospital	23	30
Education Officer and Head Teachers	10	8
Children's Officer	1	3
Probation Officer	0	3
Other sources	10	5

Problems for which children were referred

Behaviour problems	29	34
Nervous symptoms	22	15
Educational problems	8	3
Enuresis	4	2
Speech problems	2	—
Special advice	1	4
Psycho-somatic symptoms	4	4

Age Groups

Pre School age	3	3
Infant School age	14	11
Junior School age	31	28
Secondary School age (Modern)	13	16
„ (Grammar)	9	4

Recommendations made of new cases

Still under investigation	11	14
Diagnosis and advice only	19	13
Superficial treatment	25	24
Intensive treatment advised	14	8
Referred to other agencies	0	1
Residential treatment advised	1	2

Children under Intensive Psychiatric Treatment during 1956

Carried forward from 1955	14	10
Commenced treatment	15	11
Closed satisfactorily adjusted	11	7
Closed improved	2	—
Closed un-cooperative	2	—
Admitted to Hospital	1	—
Carried forward to 1957	13	14

Analysis of all Cases Closed during 1956

Diagnosis and advice only	28	24
Transferred to other agencies	2	4
Removed to other area	7	1
Satisfactory adjustment after C.G. Treatment	11	18
Improved but not entirely satisfactory	3	5
Un-cooperative or unsatisfactory response	4	8

SPEECH CLINIC

MISS S. M. DARBOURNE, *L.C.S.T. Speech Therapist.*

During the summer term a speech therapy survey was carried out in all schools maintained by the Local Education Authority. A full account of this survey is given elsewhere in the report, together with the findings and recommendations resulting from it.

Four clinical sessions a week continued to be held at Burlea Towers and one at Hamworthy. 37 cases were carried forward from the previous year and 33 new cases admitted, making a total of 70 children treated during 1956. 20 further cases were seen for advice only.

The following tables show the type and number of speech defects treated and discharged during the year.

Analysis of Defects treated during 1956

Articulation defects	...	...	...	...	39
Stammers	...	...	...	...	31
Total					70

Details of Cases Discharged during 1956

Articulation defects:

Speech normal or improved	...	...	...	18
Under observation	...	...	...	1
Other reasons...	...	...	...	4
Total				23

Stammers:

Speech normal or improved	...	...	...	10
Under observation	...	...	...	2
Other reasons	...	...	...	2
Total				14

As a result of the survey the waiting list now numbers approximately 250. This number is within the estimated national incidence of speech defects and is approximately what might have been expected. Of this number 129 children were classified as being in urgent need of treatment and it is these children who will be treated or interviewed for advice as quickly as circumstances permit. It is hoped, however, that a majority of these urgent cases will be seen during 1957.

HANDICAPPED PUPILS

Handicapped Pupils are defined in the Handicapped Pupils and School Health Service Regulations, 1953, as pupils who require special educational treatment.

The several categories of pupils requiring special educational treatment are:

- | | |
|------------------------------|---|
| (a) Blind | (f) Epileptic |
| (b) Partially sighted | (g) Maladjusted |
| (c) Deaf | (h) Physically Handicapped |
| (d) Partially deaf | (i) Pupils suffering from speech defect |
| (e) Educationally sub-normal | (j) Delicate |

A handicapped pupil for whose education at school arrangements are made by the Authority shall be educated :

- (a) if he is blind or deaf, whether or not he also falls within some other category of handicapped pupils, in a special school unless the Minister otherwise approves ;
- (b) if he is not blind or deaf, in a special school or an ordinary school as may be appropriate in his case.

The Education Act of 1944 places on the Education Authority the responsibility of ascertainment, examination and classification of educationally subnormal children. The accepted figure of educationally subnormal children, requiring special educational treatment, is 10% of the school population. 8-9% can be absorbed into the ordinary school system with special educational treatment either in an ordinary class or in a special class. About 1.2% will need education in a special school—1% in day special school, and 0.2% in residential special school.

Taking the school population in Poole as 12,000, about 144 children are unsuitable for education in ordinary schools, requiring special educational treatment in special schools. There are no special day or residential schools in Poole and special residential school accommodation throughout the country is greatly limited.

Details of the handicapped pupils examined and placed in the various categories during 1956, and the numbers on the register on the 31st December, 1956 are as follows:

				<i>Ascertained in 1956</i>	<i>Total on Register 31.12.56</i>
Blind	...	...	...	1	4
Partially sighted	...	...	...	3	5
Deaf	...	...	...	1	9
Partially deaf	...	...	...	4	9
Delicate	...	...	...	—	1
Educationally sub-normal				23	158
Epileptic	...	...	...	—	—
Maladjusted	...	...	...	5	25
Physically Handicapped	...			6	17
				<hr/> 43 <hr/>	<hr/> 228 <hr/>

Of the 23 educationally subnormal pupils examined during the year, 14 were recommended for special educational treatment in an ordinary school, and 9 for admission to a special day school.

In addition to those examined and ascertained as handicapped pupils above:

10 educationally subnormal children were re-examined and found to be still educationally subnormal.

1 maladjusted pupil was re-examined and the category changed to maladjusted and educationally sub-normal.

1 partially deaf child was re-examined and the recommendation changed from lip-reading to education in a special school for partially deaf and educationally sub-normal children.

5 pupils were examined and recommended for supervision after leaving school in accordance with Subsection 5 of Section 57 of the Education Act, 1944.

5 were examined in accordance with Section 57 (5) but were not deemed to require supervision after leaving school.

5 children were found to be ineducable during the year and reports were issued in accordance with Subsection 3 of Section 57 of the Education Act, 1944.

29 children were examined but were found to require no special educationally treatment at present.

Handicapped pupils in special schools

Category	No. at end of 1955	Admitted during 1956	Discharged during 1956	No. at end of 1956
Blind	4	—	1	3
Partially sighted	2	1	—	3
Deaf	10	1	5	6
Partially deaf	2	1	—	3
Delicate	1	1	—	2
Physically Handicapped	1	—	—	1
Educationally Subnormal	39	21	11	49
Maladjusted	6	1	1	6
Epileptic	—	—	—	—
TOTAL	65	26	18	73

(Includes E.S.N. (Day School) 27 20 9 38)

JUVENILE DELINQUENCY

During 1956, 143 school children appeared before the Juvenile Court charged with various offences such as larceny, burglary, wilful damage, etc., excluding minor traffic offences.

At the end of 1956 there were 19 children from the Borough in approved schools, an increase of 3.

INFECTIOUS DISEASES IN SCHOOL CHILDREN

The following notifiable infectious diseases occurred in school children during the year. The incidence at all ages is shown for comparison. Comparable figures are also given for the year 1955.

	1955		1956	
	School Children	All Ages	School Children	All Ages
Haemolytic streptococcal infection—				
Scarlet Fever	10	13	9	11
Erysipelas	—	8	—	3
Measles	1048	2037	6	24
Whooping Cough	59	122	28	62
Pneumonia	8	64	4	24
Poliomyelitis	6	16	1	2

DIPHTHERIA IMMUNISATION

151 school children who had not been immunised in infancy received their first inoculations after entering school. 1,710 school children who had been previously immunised received "reinforcing" doses, which are recommended about every four years in order to keep the immunity at a high level.

Regular immunisation sessions are held at the various clinics in the Borough, but where possible special sessions are held at the schools to prevent the ordinary school routine being interrupted unduly.

The following table shows the number of children who were immunised during the year. The figures for the preceding four years are also given for comparison.

	1952	1953	1954	1955	1956
Number of children who were immunised for the first time—					
Under school age	838	669	1036	595	342
School Age	129	122	164	69	151
Number of school children who received a "Reinforcing" dose	1495	1030	1259	587	1719

INFESTATION

A clinic is available for the treatment of scabies and head infestation. 50 school children with persistent or severe head infestation attended for treatment, making a total of 157 attendances. One school child made one attendance for treatment.

CO-OPERATION WITH THE EDUCATION DEPARTMENT

Close co-operation exists between the School Health Service and the Special Services Section of the Education Department. In addition most of the Head Teachers have shown a keen interest in the health of the pupils under their care and have been most helpful in making arrangements for medical inspections.

There is also close liaison with the School Attendance Officers, who frequently bring to the notice of the School Medical Officer cases of prolonged or frequent absence due to illness. Many special examinations and investigations are carried out at the request of the School Attendance Sub-Committees.

THE NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN

The local inspector of the Society keeps in close touch with the School Medical Officer's Department. The Society deals with cases of child neglect and is frequently most helpful in persuading disinterested or neglectful parents to have essential treatment carried out where this has been recommended by the School Medical Officer. Mr. Furzey, the local inspector, dealt satisfactorily with many difficult cases of neglect by giving kind but firm advice in the home.

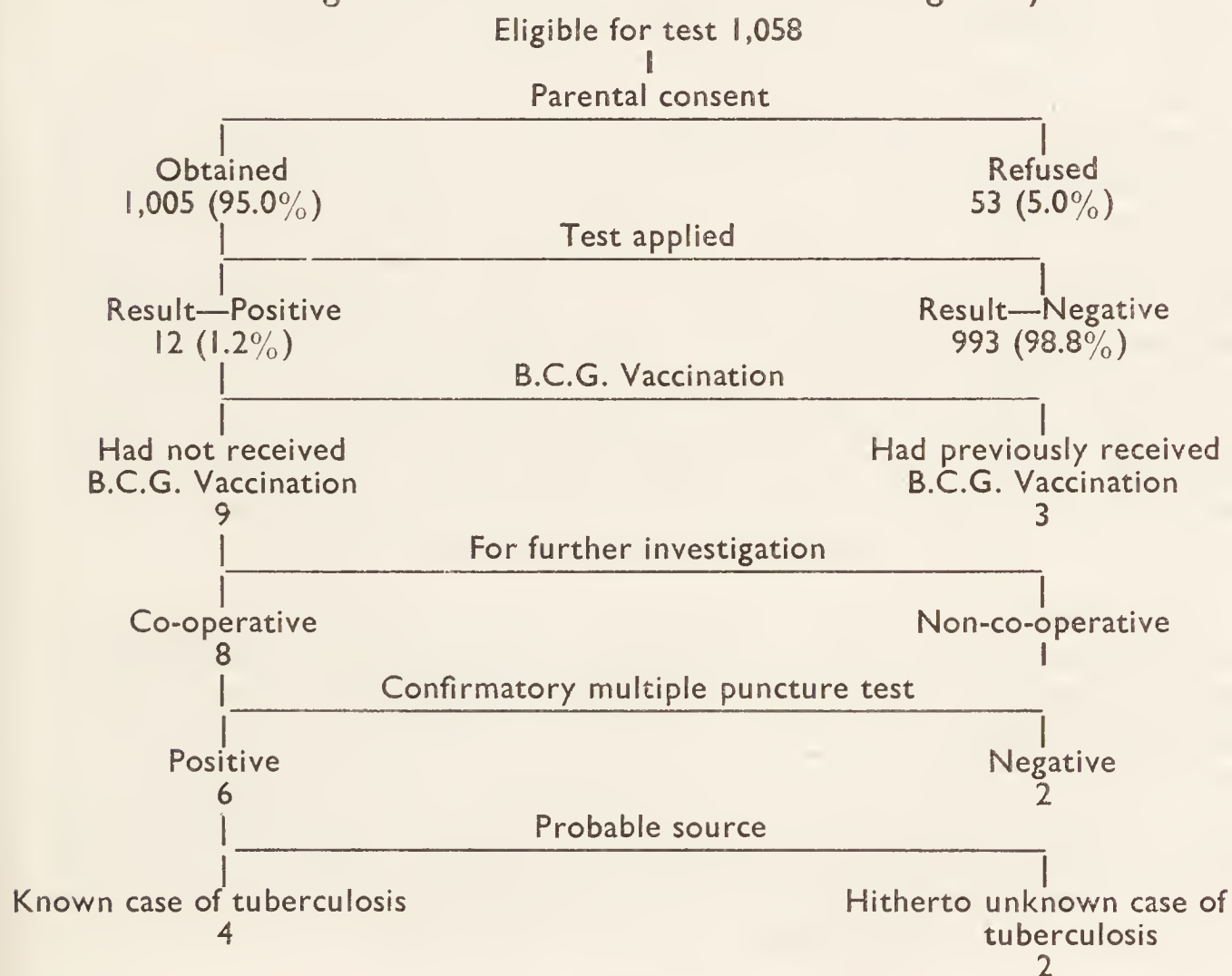
TUBERCULIN TESTING

The tuberculin jelly testing of children on their entry to school was continued during the year. This test is incorporated with the routine medical examination of the five year old pupils, parental consent being obtained prior to the application of the test.

Dr. Clark, the Chest Physician, is most co-operative and investigates all positive reactors with their contacts, in an endeavour to discover the probable source of infection.

The Health Visitor, after visiting the homes of all children showing a positive reaction, completes a domiciliary report giving the names of all contacts, a copy of this report being sent to the Chest Physician for action.

The following shows the results obtained during the year 1956:



PROVISION OF SCHOOL MEALS AND MILK

During an average month of the year (October), 85 per cent of the school children, attending maintained schools, took their daily allowance of one-third of a pint of milk, and 93 per cent of those attending non-maintained.

The daily average number of mid-day meals provided was 5,852. In certain cases of financial hardship meals are provided free of charge and in 1956 the total number of such meals provided was 55,508.

MEDICAL EXAMINATIONS FOR SUPERANNUATION AND FITNESS FOR APPOINTMENT

During the year 39 teachers and other staff were given medical and x-ray examinations.

In accordance with Ministry of Education Circular No. 249, 44 entrants to training colleges were examined.

SCHOOL DENTAL SERVICE

W. K. RIMMER, L.D.S., D.D.S., *Area School Dental Officer*

For some years Authorities in many areas have found it difficult or impossible to keep the numbers of their dental officers up to strength, and although the school dental service in Poole has been fortunate in the past, the general shortage of dentists is now making itself felt. One dental officer left during the year and there was a gap of nearly four months before the vacancy could be filled. There will be two other vacancies in the near future, and the same difficulty is being found in securing replacements. Taking the dental profession as a whole, half the number of dentists now practising are over middle age, and recruitment is not keeping pace with retirements; so the outlook is far from promising for school dentistry, which now appears to be an unpopular branch of a not very popular calling.

The shortage of dental man-power is part of a twin problem, the other factor being the undoubted rise in the incidence of dental decay since the last war. At first it was thought that this would be merely a temporary phenomenon, but now it seems likely to be with us for some time to come. No solution of these difficulties has appeared as yet, and the usual suggestions put forward, such as fluoridation of water supplies and the employment of ancillary workers, have met with considerable opposition. In any case these are long-term policies which would take some years to show real results.

At present, as far as local authority services are concerned, while dentists have a scarcity value it is clear that the areas most likely to retain their staffs are those which are attractive from a residential point of view and have reasonably well-equipped clinics.

During the year the vacancy for an oral hygienist, who works partly in the borough and partly in the county, was filled; here again there seems to be a shortage and there was a gap of nearly five months.

Dental Inspection and Treatment

(1) Number of pupils inspected:				
(a) at Periodic inspections	...	...	...	3,920
(b) as Specials	...	...	...	689
(c) Total	...	...	...	<u>4,609</u>
(2) Referred for treatment				
(3) Actually treated	...	...	...	2,214
(4) Attendances for treatment	...	...	...	7,059
(5) Half-days devoted to:				
(a) Inspection	...	...	...	39
(b) Treatment	...	...	...	1,039
(6) Fillings:				
Permanent teeth	...	...	...	3,857
Temporary teeth	...	...	...	86
(7) Extractions:				
Permanent teeth	...	...	...	1,050
Temporary teeth	...	...	...	2,529
(8) General anaesthetics	...	...	...	1,868
(9) Local anaesthetics	...	...	...	689
(10) Other operations:				
Permanent teeth	...	...	...	663
Temporary teeth	...	...	...	169
(11) Regulation appliances	...	...	...	4
(12) Dentures	...	...	...	10

SPEECH DEFECT SURVEY

1. Introduction.
2. Existing Methods of Referral.
3. Method of Investigation.
4. Results of the Survey.
5. Commentary.
6. Liaison between Therapist, Teachers and Parents.
7. Influence of Physical Defects.
8. Influence of Intelligence.
9. Influence of Sex.
10. Influence of Social Status.
11. Need for more thorough ascertainment.
12. Need for more Treatment facilities.
13. Conclusions.
14. Summary.

1. Introduction

The following report gives an account of an enquiry into the Incidence of Speech Defect occurring in Poole children attending schools maintained by the Local Education Authority, carried out with a view to assessing the efficiency of existing methods of ascertainment and the adequacy or otherwise of the provision for treatment.

Previous surveys in Dorset in 1947 and 1950 had indicated that the incidence of Speech Defect was just under 2 per cent and since the numbers of cases coming to the attention of the Authority as being in need of treatment had been falling it became evident that the sources of information were in need of special examination.

2. Existing Methods of Referral

Children are normally referred to the Speech Therapist through one of the following channels:—

- (1) School Medical Inspections
- (2) General Practitioners
- (3) Head Teachers
- (4) Speech Therapist's inspections
- (5) Hospital: Child Psychiatrist
E.N.T. Surgeons
Other Clinics.

3. Method of Investigation

It was thought that the most profitable source to explore would be the schools and in collaboration with the Head Teachers arrangements were made in the spring of this year for a thorough search to be instituted.

First of all the Head Teachers had explained to them the purpose of the Survey by means of circular and direct contact. Each was asked to submit a nominal roll of pupils who had a defect of speech, it being emphasised that no matter how slight the defect and notwithstanding his already having been referred, a pupils' name should still be included.

When returns had been received a nominated Medical Officer accompanied by the Speech Therapist visited each school in turn. Teachers were interviewed with a view to ascertaining the general situation, following which the referred pupils were examined as follows:

The Medical Officer performed a rapid assessment of intelligence using the Cube Imitation Test. The advantage of this test from the survey view point was its suitability for primary school children, the speed with which it could be carried out, and the fact that it does not rely on the use of words. The child's nose, mouth and throat were examined and a whisper test carried out.

The Speech Therapist then continued, using conversation, pictures, the reciting of set pieces, or reading, whichever was most appropriate in an attempt to bring out any defect in speech, to clarify the type of defect and to assess the urgency for treatment.

Each child seen was classified and placed in a disposal category according to the need for treatment, observation, etc. Although multiple defects occurred in a number of cases the classification adopted related to the predominant defect.

Classification

- | | | |
|-----|---|--|
| I | Articulation Defect | (i) Severe
(ii) Moderately severe
(iii) Slight |
| II | Stammer | (i) Severe
(ii) Moderately severe
(iii) Slight |
| III | Lateral Sigmatism | |
| IV | Interdental Sigmatism | |
| V | "th" Defect | |
| VI | Others (included cleft palate, excessive nasality, dysarthria (old polio), excessive nasality due to partial paresis of palate of unknown cause, etc.). | |

Disposal

The child's disposal category depended on the type of defect, his age and intelligence and in certain instances the effect which his defect was having on his spelling.

- A—Need of treatment most urgent
- B—Need of treatment semi-urgent
- C—Need of treatment least urgent
- D—Observation
- E—Special observation

(A category for annual observation in which were placed those children showing the "th" etc. defect which was not affecting their spelling and where it was felt the school staff could best help).

The details were recorded on the School Medical record card (10M) and on a card specially prepared for analytical purposes.

4. Results of the Survey

The findings are given in the following tables: —

Table I

Showing total and percentage of speech defect and treatment requirement as ascertained

School population at Survey	...	...	11,924	100%
Number of Speech Defects	...	...	474	3.9%
Number requiring treatment	...	...	255	2.1%
National incidence	...	...		1.5 — 3%

Table II

Showing numbers in each Defect Category by type of school and sex

Speech Defect Classification		Inf.		Jun.		Sec. Mod.		Gram.		Total		
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Both Sexes
I Articulation	(i)	13	4	0	1	0	0	0	0	13	5	18
	(ii)	20	8	4	3	2	0	0	0	26	11	37
	(iii)	50	17	11	6	4	1	0	0	65	24	89
II Stammer	(i)	0	1	2	0	2	1	0	0	4	2	6
	(ii)	13	0	20	3	10	2	3	0	46	5	51
	(iii)	16	7	27	10	13	1	2	1	58	19	77
III Lat. Sig.		9	5	8	2	0	1	0	0	17	8	25
IV Int. Dent. Sig.		18	15	5	13	1	2	0	0	24	30	54
V "Th" Defect		39	15	30	11	8	0	1	0	78	26	104
VI Others		1	1	4	2	3	2	0	0	8	5	13
Total		179	73	111	51	43	10	6	1	339	135	474

Table III

Showing the numbers recommended for treatment with various urgencies by type of school and sex

Disposal Classification	Inf.		Jun.		Sec. Mod.		Gram.		Total		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Both Sexes
A. Most Urgent	54	13	33	8	13	6	2	0	102	27	129
B. Semi Urgent	22	14	14	7	3	0	0	0	39	21	60
C. Least Urgent	20	12	8	13	9	3	1	0	38	28	66
D. Observation	45	18	27	12	9	1	2	1	83	32	115
E. Special Obs.	38	16	29	11	9	0	1	0	77	27	104
Total	179	73	111	51	43	10	6	1	339	135	474

Table IV

Showing details of the number examined, the number of defects found, the number requiring treatment and observation in the various types of school

	Inf.	Jun.	Sec. Mod.	Gram.	Total
Number examined	295	215	66	10	586
Number with Speech Defect	252	162	53	7	474
As percentage of School Population ...	8.3	3.3	1.8	0.5	3.9
Number requiring treatment	135	83	34	3	255
As percentage of School Population ...	4.5	1.7	1.2	0.2	2.1
Number with defects requiring observation	117	79	19	4	219

Table V

Showing the variation in Schools of similar type of the Incidence of defects and the proportion requiring treatment

Type of School	Percentage of Pupils with Defects	Percentage in need of treatment
Infants	17.5—4.2	9.2—2.8
Junior	7.7—1.5	3.4—0.7
Sec. Modern	5.2—0.4	1.7—0.4
Grammar Boys ...	0.8	0.4
Grammar Girls ...	0.1	0.0

5. Commentary

Table I

As will be seen from Table I, the school population at the time of the survey was 11,924 and of the 586 children examined, 474 (3.9 per cent) were found to have speech defect of some kind. The number of children found to be in need of active treatment for speech defect was 255 (2.1 per cent). The corresponding national incidence of speech defect of a degree requiring special educational treatment in some way is estimated as falling between 1.5 per cent and 3 per cent.

It can be seen therefore that the survey was most probably successful in ascertaining practically all children suffering in this way.

Table II

Table II shows the numbers in each defect category as they occur in the various types of school. Generally it will be observed that the highest incidence of defect occurs in the infant schools after which stage a gradual decline occurs.

Table III

It is important that no delay should occur in the institution of treatment bearing in mind the importance of mental age, malformations and specific types of defect.

Table III has been included to show the varying urgencies in the different categories of school.

Table IV

In Table IV will be found percentage incidences and treatment requirements for ease of comparison with other surveys.

Table V

A feature of the survey was found to be the variation of incidence that occurred in schools of similar type but in different areas. There are several possible explanations and of these perhaps the most important is that despite the very clear explanations given both in writing and discussion teachers varied in their judgement of what constituted a defect and may not have appreciated the full significance of some of the abnormalities of speech. The small number of children attending some schools can account for part of the variation.

6. Liaison between Therapist, Teachers and Parents

Many teachers showed a commendable enthusiasm in helping children to overcome their disabilities and this is most welcome. It should be remembered however that the best results are most likely to come from the joint efforts of Therapist, Teachers and Parents. This is a difficult problem with which to deal and the expert advice of the Therapist should be freely sought at all times lest harm be done.

7. Influence of Physical Defect

Physical defects appeared to be the cause of speech abnormality in many instances, e.g. deafness, cleft palate, nasal obstruction, paralysis of the palate with or without a history of poliomyelitis, and bad arrangement of the teeth. Where appropriate the advice of Consultants was sought for the alleviation of the condition. Special mention should be made of the children, the bad arrangement of whose teeth, was causing speech defect. The orthodontic specialist holds sessions at the Boscombe Hospital but only the more enthusiastic parents will undertake the journey and complaints are heard that such a visit means the loss of at least half a day for those concerned. The waiting list for appointments is regrettably long so that a case may not be seen for 1-3 months nor treated for 9 months. To help relieve this situation all orthodontic work is now being canalised through one of our Dental Officers who has had considerable experience of the speciality so that a practical working arrangement with the Orthodontic Specialist can be agreed, thus ensuring that more readily available facilities will be provided in Poole for the greater convenience and benefit of patients.

8. Influence of Intelligence.

The main reason for performing a simple intelligence assessment was not primarily the correlation of intelligence and speech defect in its various forms, but rather that the significance of the defect could be viewed against mental rather than chronological age with a view to the institution of appropriate treatment or observation.

Generally, as might have been suspected, there appeared to be a higher incidence of speech defect among those of humbler intelligence.

9. Influence of Sex

The incidence according to sex was greater amongst the boys—the ratio being 2.5 : 1.

10. Influence of Social Status

Social status of the homes of the children examined did not appear to have any connection with the incidence of real speech defect. Many an apparent defect proved to be nothing more than excessive pungency of dialect.

11. Need for more thorough ascertainment

As has been suggested earlier in this report the more usual sources of information about children having defective speech cannot be relied upon and it is necessary for provision to be made for more thorough ascertainment.

12. The need for more treatment facilities

Hitherto, from the various sources mentioned the number of children referred has been more than enough to keep the Speech Clinics working permanently to capacity and with a waiting list of up to 20 cases. Clinics are held on five sessions weekly in Poole and although a desirable case load would be 30 it has been found necessary to extend this to 40. Ideally each child on the average should have half an hour's individual attention twice weekly to begin with and although it may be possible on occasions to deal with several children at one time there are practical considerations which restrict the use of such methods. As progress takes place it is possible to extend the interval between treatments but close co-operation with teachers and parents is essential to ensure continued success.

13. Conclusions

It is quite obvious that the existing arrangements for ascertainment and treatment must undergo major re-organisation if these children are to receive adequate attention.

Firstly, there must be a careful search carried out regularly in every school and more particularly in the primary schools for evidence of speech defect at intervals not exceeding two years.

Secondly, steps should be taken to encourage everyone having to deal with children whether in school, hospital or elsewhere to refer cases for accurate assessment and treatment immediately.

Thirdly, there must be an adequate allowance of Speech Therapist's time to permit of additional ascertainment, more intensive treatment and greater collaboration with teachers, parents and consultants.

There is more than sufficient work in Poole to keep a full time Speech Therapist busy and the present inadequate provision of five sessions should be increased to full time employment.

Authoritative opinion on the subject is that the provision for speech therapy should be one full time Speech Therapist per 10,000 school population.

14. Summary

The report gives an account of the incidence of speech defect in children attending Poole Schools.

Of a school population of 11,924, 474 (3.9 per cent) children were found to have defective speech and of these 255 (2.1 per cent) were in need of treatment.

The method of survey is described and the results discussed in relation to ascertainment and treatment.

The significance of the teacher's attitude, physical defects in the child, intelligence level, sex and social status are briefly discussed.

The conclusion is reached that in order to ensure reasonably adequate facilities for ascertainment and treatment, instead of the present five weekly sessions the full time services of one Speech Therapist are needed in Poole.

APPENDIX

Personal Health Services in the Borough of Poole

With the coming into operation of the National Health Service Act, 1946, the Personal Health Services, which were formerly carried out by the Poole Borough Council, passed on the 5th July, 1948, to the Dorset County Council as the Local Health Authority. The Annual Report of the County Medical Officer, Dorset, deals with these services throughout the County and includes the statistics relating to the Poole Area. As, however, for many years the Medical Officer of Health, Poole, has given details of these services in his Annual Report, the following statistics relating to the Personal Health Services are included to preserve continuity of records.

The Dorset County Council as Local Health Authority is responsible inter alia for the following Health Services which are personal as distinct from the environmental services provided by the Poole Borough Council.

Section 21	Health Centres
„ 22	Care of Mothers and Young Children
„ 23	Midwifery
„ 24	Health Visiting
„ 25	Home Nursing
„ 26	Vaccination and Immunisation
„ 27	Ambulance Service
„ 28	Prevention of Illness, Care and After-Care
„ 29	Domestic Help Service
„ 51	Mental Health

STATISTICS

Care of Mothers and Young Children

There are 14 Child Welfare Clinics in the borough and during 1956, at a total of 528 sessions 3,630 children made 17,604 attendances. Of these attendances 10,968 children were under 1 year and 6,636 were between 1 and 5 years.

Dental Treatment

The tables below show in detail the dental treatment provided for expectant and nursing mothers and for young children in 1956. The general arrangements are unchanged, the mechanical work in connection with dentures being done by a general technician.

(a) Numbers provided with dental care:

	<i>Examined</i>	<i>Needing Treatment</i>	<i>Treated</i>	<i>Made Dentally Fit</i>
Expectant and nursing mothers	60	58	48	35
Children under five ...	116	88	70	40

(b) Forms of dental treatment provided:

	<i>Extractions</i>	<i>General Anaesthetic</i>	<i>Fillings</i>	<i>Scalings or Scaling and Gum treatment</i>	<i>Silver Nitrate treatment</i>	<i>Other Operations</i>	<i>Radiographs</i>	<i>Dentures provided</i>	
								<i>Com- plete</i>	<i>Par- tial</i>
Expectant and Nursing mothers	109	5	68	9	—	140	2	13	18
Children under five	95	70	53	—	4	6	—	—	—

Midwifery

During 1956, there were 10 Domiciliary Midwives employed in Poole by the Dorset County Council, being under the direction of the Poole Area Supervisor of Midwives.

There were 1,193 deliveries among Poole mothers. Of these 639 were attended by Domiciliary Midwives. 554 cases were delivered in Hospital.

Ante-natal and Post-natal Clinics

A combined Ante- and Post-natal Clinic is held once a month at Market Street Clinic, the number of patients attending being 30.

Midwives' Ante-natal Clinics commenced in August, 1954 have grown in popularity. In 1956 at 237 Sessions 680 new cases made a total of 2,804 attendances.

The Ante-natal Clinic at Poole General Hospital registered 776 patients who made a total of 4,902 attendances.

The Post-natal Clinic at Poole General Hospital was attended by 257 patients with visits numbering 605.

Midwives' Acts, 1902-1936

The following table shows the progress in the reduction of maternal mortality, stillbirths, and infantile mortality during the past 10 years.

Year	Total Live Births	Stillbirths	Domiciliary Live Births	Institutional Live Births	Maternal Deaths	Total Deaths of Infants under 1 year
1947	1667	30	1052	615	—	37
1948	1326	29	716	610	—	40
1949	1273	22	637	658	1	24
1950	1231	27	573	685	1	27
1951	1235	18	593	642	2	39
1952	1147	25	564	583	—	36
1953	1127	20	587	440	—	28
1954	1139	31	649	490	—	36
1955	1132	27	631	501	—	29
1956	1171	22	639	554	1	36

Maternal Mortality

There was one death from maternal causes recorded by the Registrar General during the year.

Infantile Mortality

There were 1,171 live births and 36 deaths of infants under 1 year, giving an infantile mortality rate of 30.8.

Ophthalmia Neonatorum

There were two cases of ophthalmia neonatorum during 1956.

Contraception

115 women attended this clinic during the year and were given advice and instruction in accordance with Ministry of Health Circular 1408 of 1934. 789 attendances were made.

Immunisation and Vaccination

Diphtheria

During the year 687 children under 5 were immunised against diphtheria. 73 Reinforcing inoculations were given to children who had been previously immunised.

Smallpox

During the year 1,472 children were vaccinated. In addition, 327 persons were re-vaccinated.

Whooping Cough

The number of children receiving courses of inoculation for whooping cough was 11. In addition 342 children received the combined Diphtheria-Whooping Cough injections.

Health Visiting

During 1956 there were 10 Health Visitors and 1 Superintendent Health Visitor.

Day Nurseries

There is only one Day Nursery in the Borough, providing accommodation for 50 children between the ages of 2 and 5. Admission is limited as far as practicable to the children of widowed, single, separated or divorced women, who must work to support their children. This service has been the responsibility of the Local Health Authority, Dorset County Council, since the 5th July, 1948.

National Society for the Prevention of Cruelty to Children

The N.S.P.C.C. has a full-time Inspector for the Poole and East Dorset area. The Health Department has always found the Society's Inspector very ready to co-operate in cases of medical neglect, and most helpful in following up such cases, and in dealing with difficult and careless parents. During 1956 the Inspector dealt with 72 cases. The number of children concerned in these cases was 190.

Domestic Help Service.

During the year the Poole Area Domestic Help Organiser supplied help to 285 cases, 46 domestic helps being employed. These domestic helps worked a total of 34,778 hours during the year.

Prevention of Tuberculosis

With the co-operation of the Director of the Mass Radiography Centre, special sessions for the chest X-Ray of expectant and nursing mothers and their husbands were held and during the year a total of 52 women attended.